COPY

COUNTY OF SAN DIEGO REQUEST FOR PROPOSALS
THIS IS NOT AN ORDER

MAIL OR DELIVER YOUR PROPOSAL TO:
County of San Diego, Office of Purchasing and Contracting
5555 Overland Avenue, Building 11, Mail Stop O32
San Diego, CA 92123

FOR INFORMATION, PLEASE CALL
Raul Arzola, PCO: (858) 694-2166
FAX: (858) 694-3581; E-MAIL ADDRESS: raul.arzola@sdcounty.ca.gov

Proposals shall be ***received*** at the above address prior to **3:00 PM LOCAL TIME, ~~May 26~~, 2006** June 2,

REQUEST FOR PROPOSALS (RFP) NO. 1448 - CHILDREN'S HEALTH AND HUMAN SERVICES MENTAL HEALTH SERVICES WALK-IN ASSESSMENT CENTER AND MOBILE ASSESSMENT TEAM

Contractor shall operate a voluntary walk-in (unscheduled) assessment center that provides age and culturally appropriate urgent/crisis mental health evaluations to children and youth, located in the North Region of San Diego County. This clinic may operate in conjunction with an existing mental health clinic currently in the region. Linkages for additional mental health services are expected to be established with clinics/programs throughout San Diego County, as appropriate, but may also be to the contractors existing mental health clinic. In addition, contractor shall operate a voluntary mobile assessment team (MAT) to meet the direct community needs of children and youth in crisis within in the North Region of San Diego County, with a primary focus on diverging from unnecessary hospitalization and establishment of linkages for further mental health services. This MAT service will not be afforded WIC5150 detainment authority, unless the clinic is LPS certified.

If awarding multiple contracts and/or services would result in cost, outcome performance, or other efficiencies to the county, offerors may include in their responses to the request for proposals a linked proposal between any combination of RFPs consisting of an Exhibit C Budget Schedule and a narrative, pursuant to the 3rd paragraph of the submittal requirements. Linked proposals must be in a separate sealed envelope from the actual proposals. The outside of the envelope should have the same information required above, except state "linked proposal for [state the RFP numbers]".

The contract's initial term will be from July 1, 2006 through June 30, 2009 with (3) three, one year options are authorized, extending the period of performance through June 30, 2012, and up to an additional six month if necessary.

PRE-PROPOSAL CONFERENCE AND RFP QUESTIONS

There will be a pre-proposal conference on May 5, 2006 from 1:00 PM to 2:00 PM, at County of San Diego Mental Health Services, 3255 Camino del Rio South, San Diego, CA 92108 in the Garden Room. Questions received after 3:00 PM on May 9, 2006, may not be answered, at the discretion of the County. An addendum will be issued in response to questions, which will only be available by downloading from Buynet.

TYPE OR USE BLACK INK TO COMPLETE THE OFFEROR INFORMATION BELOW

Offeror hereby acknowledges receipt the RFP 1448 and Addenda Number 1 through [3].

OFFEROR INFORMATION:	AUTHORIZATION FOR OFFER **(Must be signed)**:
Firm Name: Children's Hospital – San Diego	
Street: 3020 Children's Way (MC # 5093)	
City/State/Zip: San Diego, Ca. 92123	By: _____ Signature
Offer Date: 6 / 02 / 06	
Phone No: (858) 966-4006 Fax No: (858) 966-7751	Name: Margarita Norton
E-Mail Address: bmynderse@chsd.org	Title: Sr. V.P., C.O.O

Contact Person: Name:Barent P. Mynderse Phone No: (858)966-5832, x4623 FAX: (858) 966-8470

COUNTY OF SAN DIEGO
REPRESENTATIONS AND CERTIFICATIONS

The following representations and certifications are to be completed, signed and returned with bid or proposal.

1 NOT-FOR-PROFIT ORGANIZATIONS
Attach proof of status and omit Paragraph 2.

2 BUSINESS REPRESENTATION

2.1 DEFINITION OF A DISABLED VETERANS BUSINESS ENTERPRISE
"Disabled Veterans Business Enterprise" means a business which is at least fifty-one (51%) owned and operated by one or more veterans with a service related disability as certified by Equal Opportunity Management Office (EOMO), California Department of General Services, Office of Small Business and members of Joint Agencies Contracting Opportunities (JACO), (California Military and Veterans code, Article 6, Section 999).

2.2 REPRESENTATION AS DISABLED VETERANS OWNED BUSINESS:
(Mark all applicable blanks). This offeror represents as a part of this offer that the ownership, operation and control of the business, in accordance with the specific definition in 1.1.
I am currently certified by (Government Agency) N/A 5/31/06
Certification #: N/A 5/31/06

3 CERTIFICATE REGARDING DEBARMENT, SUSPENSION AND RELATED MATTERS
Offeror hereby certifies to the best of its knowledge that it or any of its officers:

3.1 Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; and

3.2 Have not within a three (3) year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and

3.3 Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with the commission of any of the offenses enumerated in paragraph 3.2 of this certification; and

3.4 Have not within a three (3) year period preceding this agreement had one or more public transactions (Federal, State or local) terminated for cause or default.

3.5 Are not presently the target or subject of any investigation, accusation or charges by any federal, State or local law enforcement, licensing or certification body and if they are, the appropriate information is included in the proposal, as requested in the Submittal Requirements.

4 CERTIFICATE OF CURRENT COST OR PRICING

"This is to certify that, to the best of my knowledge and belief, cost and/or pricing data submitted with this bid or proposal, or specifically identified by reference if actual submission of the data is impracticable, is/are accurate, complete, and current as of 6/2/06."

5 CERTIFICATE OF INDEPENDENT PRICING

5.1 By submission of this bid or proposal, each offeror certifies, and in the case of a joint offers, each party thereto certifies as to its own organization, that in relation to this procurement:

5.2 The prices in this bid or proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with other bidder or offeror; with any competitor; or with any County employee(s) or consultant(s) involved in this or related procurements: and

5.3 Unless otherwise required by law, the prices which have been quoted in this bid or proposal have not been knowingly disclosed by the bidder or offeror and will not knowingly be disclosed by the bidder or offeror prior to opening, in the case of a bid, or prior to award, in the case of a proposal, directly or indirectly to any other bidder or offeror or to any competitor; and

5.4 No attempt has been made or will be made by the bidder or proposal to induce any other person or firm to submit or not to submit a bid or proposal for the purpose of restricting competition.

6 TAX IDENTIFICATION NUMBER

(Corporations) Federal Tax I.D. # 95-1691313

CERTIFICATION:
The information furnished in Paragraph 1 through 6 is certified to be factual and correct as of the date submitted.

NAME: Margartia Norton

TITLE: Sr. V.P., COO

SIGNATURE: [signature]

DATE: 5/31/06

SUBMIT THIS FORM AS DIRECTED IN THE REQUEST FOR BIDS OR PROPOSALS

TABLE OF CONTENTS

TAB 1 Program Description

1. Program Description

Prepare a program description for the proposed service for which proposals are being submitted, in 25 pages or less, describing in detail Offeror's overall program design and program services, how they will operate and provide the services required in Exhibit A – Statement of Work. Descriptions should be in the sequential order in which each work component is listed in Exhibit A; label each description with the appropriate Paragraph number from Exhibit A. Focus on the methods and procedures that the Offeror will use to meet the requirements specified in Exhibit A. In your program service description, include the following:

1.1 Target Population

1.1.1 **Describe the unique characteristics and specific needs of the target population, including cultural and linguistic. (SOW 4.1.1 – 4.1.3 & 4.1.2.1 - MAT)**

The target population for the Walk-In Clinic is youth up to the age of 17 who are experiencing severe emotional and/or behavioral problems which constitute a mental health crisis or urgent need for mental health services. Particular emphasis will be placed on outreach to two minority populations: Latinos and Asians. Population estimates for North Coastal and North Inland areas combined are Hispanic 53.20 percent and Asian 12.61 percent (County of San Diego HHSA report for May 2006). Individuals in these minority groups often are not familiar with mental health services and do not feel comfortable accessing same, especially outside of their own communities. The current Emergency Mental Health Screening Unit is in Chula Vista and inaccessible to low-income families in particular. Priority will be given to indigent youth and those with Medi-Cal. Individuals with other health coverage may be referred to other resources as appropriate. (SOW 4.1.1.l-4.1.1.3)

The target population for the MAT is youth up to the age of 17 who are experiencing severe emotional and/or behavioral problems which constitute a mental health crisis or urgent need for mental health services and who are unable to travel to the walk-in clinic or to other appropriate services. Inability to travel to services may be due to acuity of crisis or to lack of transportation at the time of crisis. Priority will be given to youth who meet criteria for seriously emotionally disturbed (SED) as defined in the Welfare & Institutions Code Section 5600.3. Additionally, priority will be given to indigent youth and those with MediCal. (SOW 4.1.2.1-4.1.2.2) (BL)

1.1.2 **Describe the issues in accessing the target population and strategies to mitigate those. (SOW 4.2)**

Since the North County region is a large area, the use of networks and collaboration with schools and existing service providers will be needed to help families in crisis access the Walk-in clinic and the Mobile Assessment Team. Children's Outpatient Psychiatry already has two stand alone clinics in North County and outreach services at 20 school sites in 6 schools districts. Children's staff has developed a trusting relationship with school personnel whom they work with frequently. A network of EPSDT agency coordinators meet regularly to oversee appropriate service delivery in schools and agency clinics. These relationships and longstanding presence in the North County community will be capitalized upon to identify and direct families with a child or teen in crisis to the new Walk-In facility or to the MAT for evaluation and referral. In addition to using existing collaborations, outreach to community health clinics, local pediatricians and other service groups (e.g. community centers, after school care providers, Migrant education and churches) will be undertaken in order to bring about awareness and linkages to the crisis services available. In order to meet the needs of non-English speaking clients, we provide ten of the schools we serve weekly with a Spanish-speaking provider, who along with English speaking providers often assist school personnel

when a crisis arises. These linkages will be helpful in getting a student an emergency assessment when needed. Having the availability of the MAT will assist when transportation barriers are present.

1.1.3 **Identify plans to prioritize and engage with target population. (SOW 4.1.1& 4.1.2, 4.1.3, 4.1.2.1, 4.1.2.1)**

WALK IN CLINIC: The population to be served includes individuals up to 17 years of age, experiencing a mental health crisis that are indigent or have Medi-cal coverage. Since efforts will be made to target Latino and Asian clients, (with the Spanish speaking population more dense in this geographical area), efforts to staff with bilingual (Spanish speaking) clerks and other staff will allow better engagement. To efficiently provide triage to the urgent need, unscheduled "walk in" clients, an experienced bilingual administrative clerk will collect intake information from incoming families on an intake form that includes but is not limited to identifying information, presenting complaints, levels of risk (i.e. suicidality, running away, aggression, etc.) and availability of client/family for clinical assessment appointment. In addition, the Child Depression Inventory and CRAAFT will be utilized for clients 8 and above in the intake process. This intake will be used for any phone inquiries for services as well. The coordinator (or lead clinician) will review the information as it is collected and set up a schedule for services based upon urgency of need (eg., risks such as life threatening behaviors are weighted most heavily and so on). As clinicians are available to see walk in clients they will engage with client and family based on the rank ordering set up by coordinator. Coordinator will also be available to provide comprehensive, integrated assessments. Assessments by all clinicians will include evaluation of mental health functioning, substance abuse, domestic violence, other abuse issues, need for medication evaluation and any other risk factors. The MHS-650 is currently the best tool to utilize in this assessment process. During the process of assessment a client plan will be established and in any follow-up appointments: brief therapy, mental health education, skill building interventions, and medication consultation and follow-up will be offered as is clinically appropriate. A case manager will be available to connect families with resources in areas of medical need, substance abuse treatment, legal services, emergency services, multi-cultural services and others. All clinicians will use this model to connect clients with appropriate community based services. In order to engage with target population, whenever possible clinicians will be providing services in client and parent language of choice. If this is not possible, county approved translation services will be utilized. Providing language and culturally appropriate services will be an outcome measure for the program.

MOBILE ASSESSMENT TEAM: As with the walk in clinic, the MAT will be mobilized based on the above mentioned triage system with high risk, SED clients prioritized. If it is determined that the MAT services are to be initiated (e.g., client cannot be safely transported to the clinic) the response will occur in no more than four hours. Response time will be an outcome measure for the program. The MAT will determine needs for additional services and referrals including but not limited to hospitalization, walk in clinic services, other community mental health services, substance abuse services, etc. Case manager will follow up via telephone to evaluate outcome of services offered, facilitate engagement with referrals, and assess further needs. As with the walk in clinic, providing language and culturally appropriate services will be an outcome measure for the program.

1.1.4 **Proposed program hours of operation that will meet client needs. (SOW 4.2.1, 4.2.3)**

The walk-in clinic will be open from 12pm – 8pm, and therefore urgent services will be available during the time of highest need. Since most children and youth are at school during the day, the afternoon and evening hours will allow for assessments to occur when youth and family members can take advantage of them. The Mobile Assessment team will be available between the same hours of 12 noon to 8pm, but most helpful will be the 5 – 8pm range, when

Medi-cal and indigent families may often be home with their children but without access to a car or transportation.

1.1.5 **Describe the characteristics of the area to be served. (SOW4.2.1)**

The highest priority geographic locations in North county include Oceanside which has 4-8% of children 4-17 living 200% below the federal poverty level, followed by San Marcos and Escondido at 3-4% below FPL and Vista at 2-3% below FPL. Hispanic children are represented below FPL highest in Oceanside and South Escondido (4-8%), San Marcos (3-4%) and Vista and Fallbrook (2-3%). Asian/Pacific Islanders make up 2-3% of children below the FPL in E. Escondido and 1-2% in Oceanside. There are no walk in crisis clinics and mobile assessment teams available to any of the populations locally, since the Emergency Screening Unit for children is in Chula Vista.

North Coastal: The region has a population of approximately 475,000 & extends geographically from Del Mar in the South to Camp Pendleton in the North & Vista in the East. North Coastal major cities are: Oceanside, Carlsbad, Vista, Encinitas, Solana Beach, Del Mar. The region houses the largest U.S. Marine Corps military base: Camp Pendleton. From 2001 to 2003, the North Coastal Region grew more rapidly than the County as a whole, & by 2010 the Region's total population is expected to increase by 12.9%. Currently, 47% of children in the region are White, with the Hispanic population as the second largest ethnic group (38%). According to SANDAG, the White population is expected to drop 10% in the next 15 years, while other ethnic groups are expected to increase in population. The greatest rates of increase are expected among the Hispanic, Pacific Islander, & Asian populations, with the Hispanic community being projected to have the largest growth rate (8% increase within the next 15 years).

North Inland: The region encompasses the greatest land area with the second highest overall population of 486,000. By 2030, its total population is expected to increase by 36% and at a rate that is faster than the rest of the county. Twenty-five zip codes with 20 primary communities comprise North Inland: including urban, suburban & rural communities. Currently, the majority of the population is White and Hispanic.. Ethnic communities will experience a significant increase in population with the Hispanic community predicted to grow 22.9% by 2030. The region has a significant population of migrant workers who typically lack health insurance.

According to 2000 census data, only 1.2% of the population in North Inland and North Coastal combined are Vietnamese, while the largest Asian group (4.4%) is Filipino.

1.2 **Program Design and Services Description**

Describe Offeror's overall program design and the methods for accomplishing the program service requirements in Exhibit A, including:

1.2.1 **Describe the proposed program model, including evidence based practice or best practices, if applicable. (SOW 1.1, 1.2, 1.3, 6.2, 6.3, 6.6)**

WALK IN CLINIC: This facility will be set up as an outpatient clinic of Children's Hospital of San Diego and will be required to meet all of the specifications of JACHO as is common to all CHHC facilities. Medi-cal certification is required. The Walk In Clinic will serve children and youth experiencing a mental health crisis or urgent need. Clients may access services by walking in between 12 and 8 PM or by telephone. The ACT intervention model is a helpful best practices guide for the implementation of the program model. (Roberts, Albert R. (2000) *Crisis intervention handbook: Assessment, treatment and research,* New York: Oxford University Press.) The ACT model encompasses: A—assessment of immediate needs, triage, and bio-psychosocial/cultural assessment protocols; C—connection

to support and social services and implementation of Roberts Seven Stage Model which includes 1) assessment, 2) establish rapport and rapidly establish relationship, 3) identify dimension of presenting problems (including 'last straw' or crisis precipitants), 4) explore feelings, 5) generate alternative, internal and external resources and coping skills, 6) develop plan, 7) follow-up plan and agreement for termination or referral; T—Ten Step Acute Trauma and Stress Management Protocol—part of process to guide termination and referral allowing clinician to assess for lingering trauma issues and how well developed stress management skills have become. Continued high symptoms and low skills would necessitate referral for longer-term treatment. Finally, all staff will be trained to utilize Motivational Interviewing techniques. *(Miller, W.R. & Rollnick, S. (2002) Motivational interviewing: Preparing people to change. New York: Guilford)* to evaluate readiness for change and support progress along the motivational continuum. For example, the six stages of change can be evaluated for both mental health and substance abuse issues (eg., contemplation, determination, action and maintenance) Again, clients who continue to display symptoms after the brief therapy intervention stage will be referred to longer term services and, of course, to appropriate resources in the community. Materials from self help and support groups such as AA, NA, NAMI, CHAD, and EFRC (among others) will be available in the waiting room and can be provided to clients and their families by each of the staff members.

Mobile Assessment Team: The MAT will be set up as part of the Walk in Clinic. The MAT will adhere to the above-mentioned training, philosophy and treatment interventions. Since this program has shared staff with the Walk-in Clinic it is important for staff to have the same training and understanding to complete treatment objectives. The MAT team will respond to request from remote locations in the catchment area and will consult with a Staff Psychiatrist prior to completing a 5150. The Clinician will assess children and adolescents using the BHA, which includes the CRAAFT for assessing drug/alcohol component to the assessment. Additionally an expanded Mental Status Exam will be utilized. Using the ACT model as described above the Clinician will then use the Ten step Acute Trauma and Stress Management Protocol to determine the level of care that will be needed post assessment. Every effort will be made to de-escalate patient and refer to Walk in Clinic for continued counseling before planning for any inpatient treatment. In accordance with the Charter and Consensus Document for Co-Occurring and Substance Abuse Disorders, and in support of the Best Practice Model, Comprehensive, Continuous, integrated System of Care the program will be Dual Diagnosis Capable.

1.2.2 **Describe how you will design services to meet the needs of the target population. (SOW 5.1, 5.2, 6.4, 6.5, 6.7, 6.9, 6.10, 6.14, 6.17, 6.18, 6.19, 6.23, 6.24, 6.25, 6.26, 6.28)**

WALK IN CLINIC: Services provided through the Walk-In Clinic will meet the county of San Diego cultural competence clinical practice standards including linguistic capacity to communicate effectively with the population with staffing representative of the community served if at all possible. Cultural and developmental factors will be integrated into the clinical interview, assessment, treatment plan and interventions. In addition, existence of co-occurring disorders will be evaluated and included in the client plan. The treatment plan will include education of clients about the services and treatment offered. The physician will recognize the role of cultural factors in increasing medical compliance. All staff will engage in ongoing cultural competence self-assessment and training. All referral and resource information given to clients will provide maximum linkage and integration to the local community services. The goal of services will be to maintain the client safely in their community environment and to improve the client's mental health functioning and coping skills. Achieving these goals will be a part of outcome assessment. Using a strength based model such as Roberts Seven Stage Model will allow clinicians to help clients identify the precipitant for the current problem, understand resultant feelings and develop alternative internal and external resources and coping skills. This brief therapy model will ensure that a

maximum number of clients can be served efficiently, reducing their participation in activities that adversely impact the community.

MAT: Services provided through the MAT will be to provide acute assessment, crisis intervention, phone triage with attending Psychiatrist or other involved parties with referral to Walk-in Clinic for follow-up. This will happen as program complies with County of San Diego cultural competence clinical practice standards. Understanding the cultural and developmental factors, co-occurring symptoms and linkages to mental health services to children and youth and avoid unnecessary hospitalization. Staff make-up will be representative of the community served fostering a healthier therapeutic alliance while in crisis.

Should normal treatment options for a client not be available due to client's funding limitations or program capacity limitations for outpatient or inpatient care for acute clients in crisis, the County will assist the Walk-in Clinic / MAT program in finding an appropriate placement for the client. County will continue its assistance until the client is properly placed, regardless of the time of day or day of week.

1.2.3. **Describe strategies for outreach to the target population (SOW 4.1.1, 4.1.1.2, 1.4.1.1.3, 4.1.2.1, 4.1.2.2)**

Staff will engage in community outreach by: 1) meeting with or talking to community based providers; 2) attending regional CMH Regional Network Meetings; 3) providing information about walk-in services to school personnel (especially in those areas with the highest number of low-income and Hispanic and Asian children); and 4) collaborating with staff at other Children's outpatient psychiatry clinics in the North Coast and North inland regions in order to access existing collaborative networks. Walk-in Clinic staff will focus on community outreach to educate community clinics (e.g., Vista Community Clinics, North County Health Centers, Migrant Education programs, Union of Pan Asian Communities (UPAC)) about clinic services. Staff will attend regional Children's Mental Health Network meetings to educate other mental health clinics/agencies in the North Inland and North Coastal areas about services provided. Staff will engage in face-to-face contacts with school personnel at over 20 different schools during regular meetings already attended by Children's outpatient psychiatry staff stationed there. They will collaborate with staff at Children's Outpatient Psychiatry clinics in the North Coastal and North Inland regions to access existing collaborative networks to quickly inform agencies and the public of services provided. Staff will develop informational materials (e.g., posters, flyers) in the threshold languages to share at the various meetings.

Mobile Assessment team staff will make specific efforts to work with community clinics (e.g. Vista Community Clinic and North County Health Services) and with Migrant Education programs in order to educate and inform the minority communities about the nature of mental health crises and the availability of a mobile assessment team to use when crises arise. Their mobility will allow those in outlying rural regions as well as those in more densely populated regions to obtain crisis intervention when needed.

1.2.4 **Describe staffing for the program and type of services each staff member will provide. Describe proposed staff productivity level for annual billable time for the initial year of service. (SOW 6.1, 6.2.2, 6.1.5, 6.2.7, 6.8, 3.3.3)**

Staffing for both the Walk-In Clinic and the MAT shall be completed with the goal of maximizing clinical expertise, availability and productivity during the hours of operation. Leading the staff will be 1FTE Coordinator (Program Manager), who will be licensed a minimum of 2 years in the state of California (LCSW, MFT or PhD), with experience in supervision as well as direct service in a county-contracted Mental Health Program. The

Coordinator will dedicate 50% of his or her time to direct clinical work for both the Clinic and MAT. The Coordinator will also take the lead with developing collaborative partnerships with North County mental health and social service providers, as well as the North Coastal and North Inland school districts.

Two social workers, at 1.5 FTE will serve both programs, with 1 FTE as a Social Worker II, licensed position, and a .5 FTE Social Worker I, unlicensed / waivered position. Both clinicians, as well as the Coordinator, will provide assessment, crisis intervention, including referrals to acute care hospitals, as needed, and short term follow up counseling to clients who have accessed the Clinic and/or the MAT. Both additionally will provide collateral services to Probation, Social Services, teachers and other educational personnel, and other providers involved with their clients, including primary medical care providers. They will assist with case management and linkage to the appropriate community based mental health services, as well as services to assist the families in meeting their basic needs.

A Case Manager/ Rehabilitation Worker (.25 FTE) will also serve both programs. This provider will assist with triaging, provide support in the waiting room of the clinic, and take the lead with case management, linkage and referrals to appropriate community based mental health programs and appropriate services to assist families in meeting basic needs. This provider will also provide follow-up contacts, to assure connections with ongoing supports have been established. This individual will also assist families in securing Medi-Cal or Healthy Families, if eligible. Efforts will be made to fill this position with an individual who has been a parent recipient of the mental health service system (Family Support Partner) and is a resident of North County. This provider shall have had a minimum of 1 year of supervised experience with children and adolescents.

The clinical staff will be utilized for both the clinic and MAT, with 2 staff responding to any MAT calls, leaving 1 clinician and the psychiatrist in the Clinic, along with the Administrative support staff. As the Clinic will be housed in close proximity to our CHOP-Oceanside facility, additional clinicians can be called in for additional coverage, as needed. All Clinical staff will be expected to meet a minimum of 50% productivity for the initial year of service, given that sufficient qualified referrals materialize.

A Child and Adolescent Psychiatrist (.5FTE), Board eligible in child and adolescent or adolescent psychiatry, will provide psychiatric assessments, short-term medication follow-up, referral to acute care hospitals when necessary, and assist with clinical support and supervision for both the Clinic and MAT. A minimum of 50% productivity is expected of the psychiatrist for the initial year of service, given that sufficient qualified referrals materialize.

An Administrative Associate (1FTE) will oversee all administrative tasks for both the Clinic and MAT, including, but not limited to billing, registration, scheduling, maintaining medical records, maintaining the Clinic setting, as well as reception duties and managing phone triage calls.

All staff will meet the requirements of Title 9, Division 1, Article 8 and Title 9, Chapter 11 of the California Code of Regulations as to training, licensure, and clinician/client ratios. All staff shall operate within the guidelines of ethics, scope of practice, training and experience, job duties, and all applicable State, Federal and County standards.

All services will be delivered in a manner consistent with the Children's Mental Health System of Care philosophy and principles.

1.2.5. **Describe how the program will implement Children's System of Care values and principles via program design. (SOW 5.4, 6.4)**

WALK IN CLINIC: The Walk In Clinic fulfills Children's System of Care values by promoting easy and clear access to services for children and youth. Clients may seek services by walking in between 12 and 8 PM five days per week or by phone and will be triaged to assess all needs (including, mental health urgent needs, medical, legal, substance abuse, domestic violence) and referred for services or resources in the clinic or larger community within four hours of contact. The clinic will collaborate with families, schools, and child serving agencies and formal and informal community organizations to provide appropriate care and intervention for children experiencing a mental health crisis or urgent need. The Clinic will provide family centered and child focused services keeping in mind principles of the Wraparound philosophy. Staff will provide culturally and linguistically appropriate services. Staff will be trained to be sensitive to cultural and community characteristics and provide person-centered family based care. Assessment and intervention will be strength based and demonstrate measurable positive outcomes, ensuring that clients can remain safely in the family and community and improve coping skills. Staff will promote clients' reliance on natural supports within the community and family. Each client's plan will be unique, measurable, and time limited.

The cornerstone of the Children's System of Care is a strong partnership between families/youth, public agencies, private organizations and education. The goal of the MAT is to bring services directly to the family in a time of crisis, to use a strength-based approach to stabilize the individual and whenever possible, maintain the individual in his or her home and community. The MAT will use a multi-disciplinary approach and incorporate assessment, treatment, education and referral as needed, involving the caregivers in each step of the way. When referrals are needed, the MAT will provide sufficient information and case management services so that individuals/families will seamlessly access recommended services. Every effort will be made to make referrals to services within the individual's community. Service delivery will be culturally, linguistically and developmentally appropriate.

MAT: Currently, there are no mobile crisis services, other than law enforcement personnel, available in North San Diego County. The MAT will be able to provide crisis intervention services in the home. Once stabilized, a continuum of care will be identified, developed and provided in the local region where the child/family/caregiver resides. Services provided will be culturally, linguistically and developmentally appropriate. This goal will be achieved by using highly trained and qualified culturally sensitive staff that specializes in working with children, adolescents and their caregivers. Every effort will be made to use staff that speaks the primary language of the client family. When staff does not speak the primary language of the client/caregiver, interpretation services will be used.

1.2.6 **Describe strategies for strength-based program delivery. (SOW 5.2.2,6.4, 6.5.10)**

WALK-IN CLINIC & MAT: The providers of the Walk-In Clinic and MAT will be trained in, and will embrace the Children's System of Care Principles. In order for these crisis response services to be successful in avoiding or limiting the need for future crisis intervention, it is paramount that the providers develop and utilize a four way partnership with the children, their families and natural support systems, the local school districts, community based mental health and social service agencies, and local private organizations.

It is recognized and supported that all sectors must partner together in a Wrap-Around approach to meet the basic, mental health and educational needs of children and their families. As the services of the Clinic and MAT are brief interventions, all efforts will be made to secure ongoing linkages to natural and community based supports. Each child and their family will help our providers in identifying both their unique strengths and needs, as well as their ongoing and potential natural support systems in their home communities. The providers will also address any barriers to accessing these supports.

We will include feedback from these ongoing support systems to measure outcomes of children served. (Please refer to section 1.2.10 for further details of Outcome Objectives).

Services will be provided to children and families in their primary language, by providers who are trained in cultural diversity and sensitivity, and that are developmentally appropriate for the children and families. (Please refer to section 2.3.5 for further details of Cultural Diversity).

1.2.7. **Describe how the program will address co-occurring disorders. (SOW 3.3.1.1, 5.1.1, 5.1.2, 6.5.12)**

WALK-IN CLINIC & MAT: Children's Hospital staff will work in accordance with the San Diego County HHSA Behavioral health plan and in support of the Best Practice Model, Comprehensive Continuous System of Care (CCISC) and will be a Dual Diagnosis Capable facility. The program will have a "welcoming statement" adopted from existing Children's Hospital Outpatient Psychiatry dual diagnosis capable programs presently in existence. The program will have to complete an Annual Compass and continue to address an action plan for serving youth with co-occurring disorders. There will be formalized paperwork to include: Integrated Screening and Clinical Assessment, Integrated Psychiatric Assessment, an implementation of Stages of change Interventions. All staff will be CADRE trained and supervised within the MHS Co-Occurring disorders policy. All clients entering either the Walk-in –Clinic or accessing the MAT will be assessed for substance use during the Mental Health Assessment or Mental Status Exam and referred for services when appropriate. Services to the Walk-in Clinic and MAT shall be voluntary and services offered may be declined. Linkage to providers we currently collaborate with in the North County will be provided in addition to reference to the Behavioral Health Resource Manual. Should the need arise the Clinic and MAT may obtain WIC5150 detainment authority as the programs is connected to an LPS facility. Otherwise facility may contact Police Emergency Response Team for detainment. A Quarterly CCISC Initiative Program report will be generated quarterly.

1.2.8. **Describe your collaboration with other community partners that serve the same target population in implementing services. (SOW 5.1.4.1, 5.1.1.4.6, 5.2.1, 5.2.4, 5.1.1, 5.1.2, 5.1.4.4, 6.6.6, 5.1.3, 5.1.4.3)**

WALK-IN CLINIC: Children's Outpatient Psychiatry staff in both North Coastal and North Inland regions have developed collaborative relationships with other community partners that serve the same target population (e.g., North County Lifeline Community Services, Mental Health Systems, Families Forward, Palomar Family Counseling County-wide TBS wraparound services). Walk-in Clinic staff will educate these partners about services offered at the Walk-in Clinic. Currently, there is no emergency mental health walk-in service clinic in either the North Coastal or North Inland regions. Walk-in Clinic will provide community partners with an additional referral service for severely emotionally disturbed individuals and individuals in a mental health crisis from 12:00-8:00 P.M. Walk-in staff will be trained to provide comprehensive and integrated assessments of mental health and substance use. They will provide crisis intervention as well as limited follow-up appointments and psychotropic medication management when needed. Staff will provide telephone triage during business hours for the purpose of facilitating referral and consultation services with community

partners and the community at large, including private practitioners, for those individuals who have private insurance or other ability to pay. Staff will provide case management services to link walk-in individuals to appropriate services with the community partner agencies after individual has been stabilized.

MAT: With regards to the MAT, staff will make specific efforts to work with community clinics (e.g. Vista Community Clinic and North County Health Services) and with Migrant Education programs in order to educate and inform the minority communities about the nature of mental health crises and the availability of a mobile assessment team to use when crises arise. Their mobility will allow those in outlying rural regions to obtain crisis intervention when needed, as well as those in more densely populated areas. Outreach and collaborative partnerships will be developed with all public school districts in North County (Coastal, Central on Inland), as well as with community based public and private organizations within the entire North Region.

1.2.9. **Describe how the region(s), location(s) and hours in which services will be provided will meet the needs of the target population (SOW 4.2)**

The proposed program site location will be located within 1 mile of Children's Outpatient Psychiatry North Coastal Clinic, in Oceanside, as the majority of our targeted Latino and Asian communities are located in Oceanside, Vista and San Marcos, where there are currently no psychiatric emergency services. This location will allow for access to additional clinical and administrative staff, as needed. The clinic will be accessible to public transportation. We will develop MOU's with Aurora Hospital and Palomar/Pomarado Hospitals, to assure that the emergency psychiatric needs of children in North Inland areas are adequately met as well.

Hours of operation for both the Clinic and MAT will be Monday through Friday, 12:00 PM – 8:00 PM, which will cover peak after school hours, when other resources are not readily available to children and families. The MAT team will provide direct outreach to children in all areas of the North County, with a response rate of four or less hours.

1.2.10. **Describe how the program will measure effectiveness of services delivered and any additional outcomes that will be used to measure the effectiveness of the program. (All of 3.0 except 3.3)**

The ultimate goal of the Walk-In Clinic and the MAT is to meet the immediate urgent psychiatric needs of underserved children and youth in North County, connecting them to ongoing support networks in their home communities, and ultimately reducing the need for acute care hospitalization.

The North Coastal/Central location of the clinic will fill a currently unmet need of emergency psychiatric services in this area, so that families will not have to travel outside of their home community. The clinical staff will be knowledgeable of other resources in the community, and will therefore be able to provide appropriate linkages and referrals. The MAT will outreach to all regions of North County, therefore expanding the accessibility of psychiatric crisis services to all children and youth in the North County. Those children and youth screened by the MAT team will have a minimum of 1 follow-up assessment at the Clinic, or with a community based mental health provider, if more convenient.

All children and youth served by the Walk-in Clinic and the MAT will receive a minimum of 2 follow-up contacts, to assure referrals and linkages are successful. At that time, once the crisis has been neutralized, children and families will be surveyed as to whether their needs have been met, and if not, will provide input for continued program development. Psychiatric assessments and crisis intervention services, followed by linkage to community based ongoing support services, will divert 70% or more of the children and youth served, from emergency rooms and inpatient acute care services. Effectiveness of these efforts will be

measured by a significant decrease in the overall number of North County children and youth utilizing the County Emergency Screening Unit, as well as North County children and youth screened and admitted to all county emergency rooms and psychiatric hospitals.

All clients, regardless of age or presenting problem, will be assessed for substance use by administration of the CRAFFT. Reported substance related issues will play a significant role in helping to determine linkage and referrals to ongoing community supports.

All clients will also be assessed and screened for domestic violence, as well as other issues of abuse, and referred for supportive services, as necessary.

Additionally, clients will be screened for other health care issues, and assisted in obtaining a primary care physician, when appropriate.

1.2.11 **Describe how the program will operate as a stand-alone program, or how the program will operate if an element of another program. Walk-in clinic and MAT: Barent Mynderse (SOW 6.6, 6.11).**

The Children's Hospital Walk-in Clinic and MAT (CHWIC & MAT) will operate as a program under Children's Hospital Outpatient Psychiatry (CHOP). As other programs in CHOP, the CHWIC & MAT will have an on-site Program Coordinator, who will report to the CHSD Psychiatry Dept Director. The CHSD Psychiatry Dept Director also is the overall Director of all of the other Outpatient Psychiatry programs under County Contract # 43207. All CHOP Program Coordinators are members of the CHOP Program Operations Group and work collaboratively to ensure that all County Contracted programs consistently meet contractual standards and obligations. The CHWIC & MAT will be managed in a manner consistent with all of the other County Contracted Outpatient programs under County Contract # 43207. The Program Coordinator will attend all required County trainings, including CMHS Program Managers meetings, cultural competence trainings, continuing education, wraparound courses, etc. Additionally, since the CHWIC & MAT Coordinator and staff are employees of Children's Hospital, they will also be able to access all CHOP internal in-services, Children's Hospital's monthly Cultural Competence trainings, and both Psychiatry and Pediatric Grand Rounds. The CHWIC & MAT will be located in offices in close proximity to the CHOP's North Coastal Outpatient Clinic. The Walk-in Clinic staff and the MAT staff will be shared in order to maximize resources available to clients for either a MAT mobilized response or a Walk-in Clinic assessment. The nearby co-location of the Walk-in Clinic and the CHOP North Coastal Clinic will allow backup resources to the Walk-in Clinic should Walk-in Clinic staff be unavailable due to multiple MAT duties, illness, or vacation. In addition, since the CHWIC & MAT psychiatrist is on site for only half of the time (.5 FTE), the full time psychiatrist at the North Coastal Walk-in Clinic would be available in close proximity for emergency back-up psychiatry and / or medication assessments.

1.2.12. **Describe if the program will use telepsychiatry, and if yes, how it will be used. Walk-in clinic and MAT: Barent Mynderse (SOW 5.1.4.6, 3.9)**

The Children's Hospital Outpatient Psychiatry department is not proposing to use telepsychiatry in the Walk-in Clinic and MAT program at this time. Funding for the CHWIC & MAT is insufficient to support the cost of the telecommunication equipment required for such a project. Children's Hospital Outpatient Psychiatry is very interested in the potential of telepsychiatry and is open to implementing such a project in the future, given sufficient funding for equipment and staff.

1.3 **Implementation Plan** **Provide an action plan for program implementation for each program. Include a Gantt chart (or similar type of chart) showing the proposed schedule of events and actions leading up to a fully functioning program, assuming a service effective date of July 1, 2006. Implementation plan shall include, but not be limited to, the following:**

1.3.1. **Describe recruitment efforts to fill program positions and the estimated timeline for achieving full staffing. (SOW 6.12, 6.13, 6.27, 6.8)**

Recruitment efforts for all positions for the Walk-In Clinic and the MAT will be made both internally and externally. Priority consideration will be given to those individuals demonstrating proficiency in Spanish and Asian languages, as well as cultural competency in Latino and Asian cultures. Additionally, recruitment efforts will target clinicians residing in the North County, and who have familiarity with the school districts and community resources. Those with previous experience providing crisis hospitalization and acute care services, as well as those who have worked for other county contract programs will be given priority consideration.

Additionally, with the hope of increasing the development of rapport with local families, specific recruitment efforts for the Case Manager/ Rehabilitation Worker will be made to fill this position with an individual who has been a parent recipient of the mental health service system (Family Support Partner) and is a resident of North County.

External recruitment efforts will include, but not be limited to, postings in local North County publications (e.g., North County Times), local chapters of professional organizations such as CAMFT, NASW and the American Academy of Child and Adolescent Psychiatry.

Children's will post recruitments for the staff positions upon notification of the award of the contract for the Walk-in Clinic / MAT. In the interim between the submission date of June 2nd and the notification date, Children's will informally discuss opportunities with interested staff and physicians in order to reduce recruitment time. For existing Children's employees, the transition time will be rapid. Newly recruited staff will require approximately 2 weeks for new hire procedures and background checks to occur. The overall timeline for recruitment from posting to "hired status" is approximately 4 weeks.

1.3.2. **Include the estimated timeline for implementing fully operational facilities meeting all applicable State, County, and City requirements and for acquiring appropriate program-related licenses, permits, and certifications. Timeline shall extend through when first client is seen. (SOW 6.20).**

Children's Hospital Psychiatry Dept has initiated a search for suitable office space within 1 mile of the existing Children's Hospital Outpatient Psychiatry Clinic at 3142 Vista Way in Oceanside, since no additional space is available for expansion at that site. Two possible suitable office locations were identified on 5/18/06 and negotiations have been initiated through a commercial real estate broker. It is expected that the specific location for the Walk-in Clinic / MAT program will be selected by 6/9/06 and upon selection of the property, appointments for Fire Marshall certification and Medi-Cal certification will be scheduled. Upon notification by the County that Children's has been awarded the contract for the Walk-in Clinic, CHOP will confirm the appointments for the certifications. Some tenant improvements need to be completed in the office suites and the construction will begin as soon as the County awards the contract to CHOP. It is expected that the Tenant Improvements are minor and will take approx 3 to 4 weeks to complete. It is estimated that the Medi-Cal Certification process will be completed by approximately 8/8/06. The Licensing Dept of California's State Department of Health will be notified that CHOP is expanding into additional space and it is expected that an addendum to the current Health Dept License will be approved by 8/11/06. Similarly, the City of Oceanside will also be

notified of the expansion and appointments will be made for office space inspection, if needed, and it is expected that the appropriate Business License will be approved by 8/11/06. Assuming that the County awards the Contract by 7/2/06, the first clients will be able to receive services beginning on Monday, 8/14/06.

The timeline for the components of both the Walk-In clinic and MAT, based on a delayed start, contingent upon Contract award notification is depicted in the following table.

Action Plan

Task	Start Date	Complete Date
Proposal Submitted / Contract Awarded	6/2/06	7/7/06
Negotiate Contract	7/10/06	7/14/06
Secure office space / Sign Lease	7/14/06	7/21/06
Tenant Improvements	7/21/06	8/4/06
Office Furniture Ordered/Delivered	7/14/06	7/31/06
IT Switch, Power Supply, Phones, computers, etc Ordered and installed	7/14/06	8/4/06
Fire Marshall Certification	8/7/06	8/7/06
Medi-Cal certification of property	8/8/06	8/8/06
Addendum to current Health Department License	7/14/06	8/11/06
Inspection, Business license	8/4/06	8/11/06
Recruit staff / Hire Staff	7/7/06	7/28/06
Review & finalize safety procedures	7/14/06	7/28/06
Staff training: Documentation, Operational Procedures, Cultural Competency, Safety, Clinical Teams, etc	7/31/06	8/11/06
Begin Client Services	8/14/06	

1.3.3. **Describe how the program will ensure the safety and security of the target population waiting to access service in the reception area of the Walk-In Assessment Center. Walk-in clinic and MAT (SOW 5.1.1 & 5.1.2).**

Walk-in Clinic: CHOP will ensure safety by having no less than two personnel on site at all times. Additionally, depending upon the layout of acquired office space, we will review the potential to limit access to clinical areas. Should the need arise for containment of a client, there will be one room designated as a safety waiting room and will be monitored by the Case Manager and Program Coordinator. A code name will be established for staff to identify the need to call 911 for immediate police response.

MAT: CHOP will ensure safety by having two staff respond to a remote crisis call. Both staff will have mobile phones and text pagers for ready communication. This will enable one staff to perform the hospitalization arrangements if necessary while the other Clinician continues to stabilize the client. The program will have one designated staff attend the monthly PERT meetings in North County to enhance and maintain ongoing collaboration with the local law enforcement.

Tab 2:

Experience, Proposed Organization, Management, and Staffing

2.0 Experience, Proposed Organization, Management and Staffing

2.1 Provide a resume of Offeror's experience within the last five years for the proposed services described in Exhibit A "Statement of Work." Include Offeror's knowledge and experience in the following areas:

Overview: Children's Hospital's Outpatient Psychiatry (CHOP) is the behavioral health department within Children's Hospital and Health Center (CHHC) that has provided mental health services to the children, adolescents, and families of San Diego County since 1959. During the past 47 years, the program has expanded from a single clinic located in the Kearny Mesa/Clairemont region of San Diego County to a county-wide program offering behavioral health services in three regionally based clinics, four school-based programs, and via outreach to 47 schools in 12 school districts. The department delivers approximately 50,000 outpatient visits per year, provided by 53 Master's level and PhD clinical staff, 6 Psychiatrists, and 25 residents and interns within a budget of $5.1 million.

CHOP has had a Short-Doyle / Medi-Cal contract for approximately 34 years, which has included provision of services to students meeting the AB 2726 criteria. CHOP has also provided services under EPSDT, since 1999, to schools in all regions of San Diego County. The current San Diego County Mental Health Contract #43207 funds $4.8 million of outpatient services countywide. Additionally, under the same County Contract, Children's Hospital provides an additional $713,000 in EPSDT services at Polinsky and at the Developmental Evaluation Clinic. Other sources of departmental funding include a United Way grant for outpatient psychiatric services at Morse High School in San Diego Unified School District and individual contracts with schools, i.e., Primary Intervention Programs (PIP) with Poway Unified School District, Encinitas Union School District, San Marcos Unified School District, La Mesa-Spring Valley School District; Santee Unified School District; and Vivian Banks School in the Bonsall Unified School District; psychiatric consultation contracts with San Diego Unified School District; and managed care contracts with PacificCare Behavioral Health, Schaller-Anderson, TriWest, and United Behavioral Health (UBH) Commercial.

Additional Children's Psychiatry Department services include a Psychiatric inpatient consultation / liaison program that provides psychiatric consultation, treatment, and recommendations to patients hospitalized on Children's Hospital's inpatient units, as well as in the Emergency Dept. Psychiatric Consultation is available 24 hours/day – 7 days / week for registered inpatients. CHOP also provides a superb training program for residents and interns in Psychiatry, Psychology, Social Work, and Marriage, Family, and Therapy. Educational affiliations include the University of California, San Diego State University, and the University of San Diego.

Children's Hospital and the University of California San Diego have been formally affiliated since June 2001. The affiliation consolidates the clinical, teaching and research and public service programs of Children's Hospital with UCSD School of Medicine's Department of Pediatrics. Children's Hospital has 226 inpatient beds, a 32-bed NICU, a 59-bed convalescent hospital, and an extensive network of primary care and specialty care centers, including Children's Psychiatry Dept, which provides behavioral health services to children and adolescents throughout San Diego County.

2.1.1 Providing similar services to a comparable population. Be specific about locations and dates of service.

CHOP has a County Contracts for the past 34 years, providing services to the chronically and acutely disturbed children and adolescents experiencing mental health symptoms and behavioral problems. The current contract (Contract #43207) for outpatient mental health services with San Diego County's Children's Mental Health Services was initially signed in 1996 and extends until June 30, 2007. CHOP's Central Clinic has been providing mental health services under Contract with CMHS since approximately 1972; CHOP North Coastal

and North Inland Clinics have been providing County Contracted services to CMHS since February 1977. The population served by CHOP is identical to the target population to be served by the Walk-in Clinic and MAT. Clients currently served include families funded by Short-Doyle and Medi-Cal, AB 2726, and EPSDT. Client population demographics based upon a 5/2/06 report from United Behavioral Health indicate that the ethnicity of the current caseload of all of CHOP's programs are as follows: Caucasian: 45%, Hispanic/Other Latin: 33%; African American: 12%; Asian: 2.5%; and Unknown/Other:7.5%. Clinic locations: Central Region: 3665 Kearny Villa Rd, San Diego, Ca. 92123; North Coastal Region: 3142 Vista Way, Oceanside, Ca. 92056; and North Inland Region: 11770 Bernardo Plaza Ct, San Diego, Ca. 92128. School-Based clinics serving students identified in Special Education as Emotionally Disturbed are located, as follows: Riley School for San Diego Unified School District Special Education students; San Marcos Academy ED program in San Marcos Unified School District; and Poway ED program in Poway Unified School District. Additionally, a mental health outreach service to 47 schools in 12 school districts has been provided since 1999 under EPSDT contracts. School Districts served by CHOP outreach programs include San Diego Unified School District, San Ysidro Unified School District, Santee Unified School District, Grossmont Union High School District, Poway Unified School District, Bonsall Union School District, San Marcos Unified School District, Vista Unified School District, Oceanside Unified School District, Carlsbad Unified School District, Encinitas Union School District, San Dieguito Union High School District. Recently Mental Health Service Act (MHSA) funding augmentations have been approved to expand CHOP's school outreach services to children and adolescents who meet the special education criteria and whose families have no resources for services.

2.1.2 **Provide average number of clients served per year.**

Under Contract #43207, from July 04 to June 05, 2,594 unduplicated clients were served in 50,338 visits. From July 05 to April 06, 2,012 clients were served in 32,321 visits. Source of this information is United Behavioral Health's San Diego County Report #MIS-6, "Admissions, Discharges, and Census".

2.1.3 **Describe how the Offeror is uniquely capable of providing the services requested**

Children's Hospital Psychiatry Dept has provided mental health services to the children and adolescents of San Diego County for the past 47 years. CHOP has had outpatient mental health clinics based in the North Coastal and North Inland regions of San Diego County for 29 year (since February 1977). Additionally, we have had a school-based mental health clinic serving (SED) Severely Emotionally Disturbed children in the North Coastal region since the early 1980s, which was originally based at Alvin Dunn Elementary School in San Marcos Unified School District, but which is now based at San Marcos Academy in San Marcos Unified School District. The San Marcos Academy SED program serves SED clients from the 12 school districts that are members of NCCSE (North Coastal Consortium for Special Education), the North Coastal Special Education Local Planning Agency. In an effort to provide a centralized referral and intake system of all of the EPSDT referrals from school districts in the North Coastal region, CHOP participated in the implementation in 1999 of 4-agency collaboration that includes North County Lifeline, Union of Pan Asian Communities, Mental Health Systems, Palomar Family Counseling, and Children's Hospital's Outpatient Psychiatry. This entity, known as the Network Oversight Committee, meets twice a month to coordinate services provided to the North Coastal school districts. Periodically the Committee also meets with the North Coastal Special Education Directors who are members of NCCSE to present utilization data and receive feedback regarding needed services. Both of these forums will be an excellent venue in which to link with the major mental health providers and Special Education Directors in North Coastal Region and ensure dissemination of information regarding the Walk-in Clinic and the Mobile Assessment Team.

In each of its clinics in North Coastal and North Inland and in its SED School-based program, CHOP provides services to severely emotionally and behaviorally disturbed children and adolescents, who meet the criteria for SED as defined in the California Welfare and Institutions Code Section 5600.3. Additionally, since 1977, CHOP has provided services to acutely emotionally disturbed children and adolescents funded by Medi-Cal and Short-Doyle. CHOP's extensive history of service provision in the North County and its extensive list of linkages with mental health providers, community based organizations, school districts, and SELPA's demonstrate that Children's Hospital's Outpatient Psychiatry is uniquely prepared to provide the urgent and emergency level of services required by the SOW for the North County Walk-in Clinic and MAT.

2.1.4 **Experience implementing evidence based practices including type of program and length of operation.**

Children's Hospital Outpatient Psychiatry Clinic (CHOP) is currently utilizing three Evidenced-Based Practice interventions in the North Coastal Clinic: (1) Dialectical Behavioral Therapy (DBT); (2) Exploring Feelings (Anger Management Program); and (3) The Parent Forum.
CHOP North Coastal Clinic implemented DBT in January 2006, utilizing the EBP developed by Marsha Linehan, PhD. The program is 26-weeks in length and it is recommended that participants completed two 26-wk. sessions. The 26-week sessions are divided into skill modules of 4 or 6 weeks in length, so new clients can enter at the beginning of any new module. CHOP staff, Sarah Bisch, M.D., and Deanna Bretz, MFT, are currently facilitating this program. DBT is a treatment specifically designed for individuals with self-harm behaviors such as cutting, suicidal thoughts/urges, and suicide attempts. It is a modification of cognitive-behavior therapy, balancing the need for change and acceptance. Although the original research was done in women who were diagnosed with borderline personality disorder (BPD), this type of therapy has been adapted for suicidal adolescents. It has also been used in patients with eating disorders, substance abuse, and chronic depression.

The Exploring Feelings / Anger Management group is an 8-week group for middle school aged boys. CHOP North Coastal just completed this group and will be offer it again in Fall 2006. The group facilitators used Dr. Tony Attwood's workbook: "Exploring Feelings: Cognitive Behavior Therapy to Manage Anger". Clients take pre and post test and all children showed a positive difference from pre to post. Dr. Attwood and Kate Sofronoff of the University of Queensland in Australia conducted two studies to examine the effectiveness of the Exploring Feelings program to reduce levels of anxiety and anger.

The Parent Forum groups were implemented by CHOP North Coastal in Fall 2005. The principles come from the work of psychiatrist and social psychologist Alfred Adler, M.D. (1870-1937) and Rudolf Dreikurs, M.D. (Children: the Challenge, Maintaining Sanity in the Classroom, etc.). The most popular parent education programs in use today, "Active Parenting", "Cooperative Discipline", "Developing Capable People", "Positive Discipline", and "Systematic Training for Effective Parenting (STEP)", are all based on the work of these pioneers of psychology and child guidance. CHOP North Coastal integrates the above model and programs as the basis of THE PARENT FORUM. Parents, and people in general, learn best experientially combined with the opportunity to practice new techniques. The Parent Forum is a parent group format designed to be interactive rather than didactic, with the goal of helping parents connect with each other to build a system of support. Once the 8-week series has been completed, parents are encouraged to continue weekly parent support meetings to further integrate the new techniques.

2.1.5 **Experience providing mental health services to the target population.**

As indicated in Section 2.1.3. above, Children's Hospital Outpatient Psychiatry has been providing mental health services to the target population since 1977 in North County. This target population with which CHOP has experience includes children and adolescents meeting SED criteria served under AB 2726, Short-Doyle, and Medi-Cal. The demographics of our current population is as follows: Caucasian: 45%, Hispanic/Other Latin: 33%; African American: 12%; Asian: 2.5%; and Unknown/Other: 7.5%. CHOP's experience with provision of services to the Latino population is demonstrated by our long-standing commitment to quality services for this population. CHOP has recruited and retained a extremely culturally competent staff, both bicultural and bilingual in Spanish, which comprise 30% of our clinical staff and 42% of our administrative staff. Gabrielle Cerda, MD, is Children's Outpatient Psychiatry's Clinical Director and is both bilingual in Spanish and bicultural. CHOP's program consists of a staff of 15 bilingual, bicultural therapists, a bilingual, bicultural child psychiatrist (Clinical Director), and 6 bilingual administrative support staff. In 2001, our Latino Mental Health Services Program was awarded San Diego County's Children's Mental Health Program of the Year for excellence and innovation in clinical service.

Although CHOP does not have a program as well developed for Asian clients, CHOP does provide mental health services to the Asian population in all of its clinics and school-based clinics and will dedicate its resources to developing a similar level of expertise and service quality for Asian children, adolescents, and their families in the North County, including the recruitment of an Asian / Pacific Islander clinician or case manager. CHOP has worked collaboratively with the Union of Pan Asian Communities throughout the County of San Diego, as well as collaborated specifically in North County in the provision of services to Asian clients served in NCCSE's SELPA region.

2.1.6 **Experience operating a Short Doyle/Medi-Cal program (i.e. have provided services billable to Short Doyle/Medi-Cal as an organizational provider).**

CHOP has had a Short-Doyle / Medi-Cal contract for approximately 34 years, which has included provision of services to students meeting the AB 2726 criteria. CHOP provides Short-Doyle / Medi-Cal services in six programs under the current Contract # 43207 which was signed in 1996. The six programs include CHOP Central Clinic at 3665 Kearny Villa Rd, San Diego, Ca. 92123; North Coastal Clinic at 3142 Vista Way, Oceanside, Ca. 92056; North Inland Clinic at 11770 Bernardo Plaza Ct, San Diego, Ca. 92128; Central School-based program at Riley School for San Diego Unified School District Special Education students; San Marcos Academy SED program in San Marcos Unified School District; and Poway SED program in Poway Unified School District. The Central Clinic was established in 1959, North Coastal and North Inland Clinics were established in 1977, San Marcos and Poway SED programs were established in the early 1980s, and the Riley School-based Clinic was established in 1996.

2.1.7 **Developing and implementing programs and services for persons with co-occurring disorders.**

Children's Outpatient Psychiatry has a developed and published "Welcoming Statement" advising clients that we provide evaluation and treatment of behavioral health disorders and understand that many of clients have a family history, or they themselves have problems related to substance abuse. CHOP is dedicated to helping families achieve positive changes in their family and their lifestyle. In accordance with the Health and Human Services Agency Charter and Consensus Document for Co-Occurring and Substance Abuse Disorders, and in

support of the Best Practice Model, Comprehensive, Continuous, Integrated System of Care (CCISC), the Children's Hospital's Outpatient Psychiatry Department staff are working towards dual diagnosis capability. The staff welcome children, adolescents and their families who are in need of both psychiatric and substance abuse treatment and perform comprehensive screenings and assessments to determine the most appropriate course of action for the most effective treatment outcomes. CHOP is in the process of creating our Co-Occurring Disorders plan, which includes the completion of an Annual Compass and continue to address an action. Currently CHOP has 2 staff members enrolled in CADRE III, who will soon be providing Cadre training and supervision for all other CHOP staff. Currently, all clients, aged 10 years and older are assessed for substance abuse using the Behavioral Health Assessment which includes the CRAAFT for assessing Drug / ETOH abuse issues. CHOP's current caseload includes approximately 35% of families who are impacted by substance abuse issues. Currently CHOP staff are assessing for substance use during the Mental Health Assessment and Mental Status Exam, including the CRAAFT. Treatment plans include addressing substance abuse goals within the service provided by CHOP and, as needed or appropriate, referring for more intensive co-occurring disorders treatment to collaborating co-occurring disorders agencies, including those listed in the Behavioral Health Resource Manual.

2.2 References. **Provide a minimum of three (3) and no more than five (5) references for the Offeror's most relevant projects and/or programs within the past five (5) years. These references shall include all contracts Offeror has had with the County of San Diego Health and Human Services Agency within the last two (2) years. Offeror may increase the maximum number of references to ten (10) to accommodate County references, provided that not more than seven (7) are County references. If Offeror has had more than seven (7) County contracts in the past two (2) years, list those seven (7) contracts that are most recent and/or relevant. Each reference should be summarized in no more than one page and should include the following:**

Reference #1

Section 2.2.1

Name: San Diego County Children's Mental Health Services (CMHS)
Purpose: Children's Mental Health Services (CMHS) aids children and adolescents who are emotionally disturbed, and their families. Some services are provided by County operated Children's Mental Health Services and other services are contracted to private providers. In the case of the contracted services, CMHS acts as the Contract Monitor to ensure that services provided by the contractor are consistent with the standards, expectations, vision, values, and philosophy of CMHS System of Care.

Section 2.2.2

Address: 3255 Camino Del Rio So., San Diego, CA 92120
Phone: (619) 564-5004.
Email address: katie.astor@sdcounty.ca.gov
Fax number: (619) 563-2775

Section 2.2.3 Contact Person representing the reference organization

Name of Contact: Katie Astor
Title: Chief, Child &Adolescent EPSDT / TBS Mental Health Services
Phone: (619) 564-5004.
Email address: katie.astor@sdcounty.ca.gov

Fax number: (619) 563-2775

Section 2.2.4 Summary narrative of the applicable services provided by the Offeror for the reference organization, objectives, and results. Explain how the experience gained could be beneficially applied to this program.

Children's Hospital – San Diego (CHSD) is currently contracted with San Diego County Mental Health Contract under Contract # 43207. Amount of yearly funding for 05-06 under Contract Amendment #21 is $5,721,662, which includes outpatient mental health services for approximately $5,008,662, Developmental Evaluation Clinic for $525,000, and Polinsky mental health services for $188,000. CHSD's Psychiatry Department has been contracted for Short-Doyle / Medi-Cal outpatient mental health services for approximately the past 34 years, which has included provision of services to students meeting the AB 2726 criteria. This contract has also included the provision of services under EPSDT, since 1999, to schools in all regions of San Diego County. Children's implemented the EPSDT program in a few schools in 3 regions of the County and has since grown the program to include 47 schools in 12 school districts in all regions of the County. School Districts served by CHOP outreach programs include: San Diego Unified School District, San Ysidro Unified School District, Santee Unified School District, Grossmont Union High School District, Poway Unified School District, Bonsall Union School District, San Marcos Unified School District, Vista Unified School District, Oceanside Unified School District, Carlsbad Unified School District, Encinitas Union School District, and San Dieguito Union High School District. Recently Mental Health Service Act (MHSA) funding augmentations have been approved to expand CHOP's school outreach services to children and adolescents who meet the special education criteria and whose families have no resources for services.

Objectives of the program have been to provide quality mental health services to children, adolescents, and their families, who are seriously emotionally disturbed with a current DSM IV-TR diagnosis, which results in inability to function according to age-appropriate norms. Additional target population includes children who either are or have been separated from family due to placement in a psychiatric hospital, residential treatment program, group or foster care home, juvenile hall, etc; children who have experienced anxiety, depression, suicide attempts or significant suicidal ideation, psychotic symptoms, violent or aggressive behavior, and victims of abuse and trauma. A special priority for services has been given to Special education students who have a current Individual Educational Plan (IEP), which specifies outpatient mental health services under AB2726.

Children's has an excellent reputation in the treatment of both acute emotional disturbances, and chronic severely emotionally disturbed children and adolescents. The treatment of AB 2726 clients and psychiatric hospital discharges has given Children's a great deal of experience in working with clients whose symptoms are acute, chronic, and / or urgent. These clients and families are very similar to the population of clients who will seek services from a Walk-in Clinic or MAT. Additionally, the implementation of the EPSDT program, i.e., building an infrastructure and school-based referral system throughout the North County, has provided us with experience in networking and developing referral systems for new programs. As a result of years of presence in both the schools and community of North County, Children's has a positive reputation that will allow us to build the Walk-in Clinic and MAT program quickly.

Reference # 2

Section 2.2.1 Reference organization's name and purpose

Name: Riley School in San Diego Unified School District

Purpose: Public Education and treatment of Emotionally Disturbed Special Education students from the San Diego Unified School District, grades kindergarten through 8th grade.

Section 2.2.2 Reference organization's:

Address: 5650 Mount Ackerly Dr.
San Diego, CA 92111
Phone: (858) 496-8205
Email address: gwilliams1@sandi.net
Fax number: (858) 573-0729

Section 2.2.3 Contact Person representing the reference organization:
Name of Contact: Grant Williams
Title: Principal
Phone: (858) 496-8205
Email address: gwilliams1@sandi.net
Fax number: (858) 573-0729

Section 2.2.4 Summary narrative of the applicable services

Children's Outpatient Psychiatry has operated a School-based outpatient mental health clinic at Riley School in the San Diego Unified School District under Contract #43207 with Children's Mental Health Service of San Diego County. Riley School has a population ranging from 84 – 130 students, all of which are identified as Special Education students with severe emotional and behavioral problems. Children's has operated the clinic on the Riley School campus, since 1996 and it is staffed with 4 clinical staff, 1 Behavioral Specialist, and a .5 FTE child and adolescent psychiatrist. Through this School-based program, Children's has provided a full-range of mental health outpatient services, including assessments, individual, family, collateral, and group therapy, as well as medication evaluation and treatment and psychiatric assessments. The program has met the objectives set by the Riley School Principal and the Children's Mental Health Services, both in terms of numbers of students in treatment, Units of Services, and quality of program.

The experience of treating an entire school of Special Education SED students has given Children's the knowledge and skill of handling numerous clinical crisis, working with parents who live throughout San Diego City, and utilizing home visits, outreach, and case management to support services and treatment programs. The population of students at Riley School, many of whom are AB 2726 clients, are often as highly acute in their symptom presentation as will be the clients of the Walk-in / MAT program. Additionally, the ethnic diversity of the students, i.e., 46% African American, 31% Hispanic, 18 % Caucasion, 3.8 % Asian, and 1.2 % Native American, has also prepared Children's Outpatient Psychiatry to provide culturally sensitive and linguistically appropriate treatment to a similarly diverse population as the population of the Walk-in Clinic / MAT program.

Reference # 3

Section 2.2.1 Reference organization's name and purpose

Name: North County Lifeline, Inc.

Purpose: NC Lifeline, Inc. provides social services, counseling services / mental health services, transportation, legal & mediation services, and substance abuse services to individuals, families, and groups in the North County region of San Diego County.

Section 2.2.2 Reference organization's:
Address: 200 Michigan Ave.
Vista, Ca. 92084
Phone: (760) 726-4900
Email address: dshriver@nclifeline.org
Fax number: (760) 726-6102

Section 2.2.3 Contact Person representing the reference organization:
Name of Contact: Debbie Shriver
Title: Supervisor
Phone: (760) 726-4900, x 325
Email address: dshriver@nclifeline.org
Fax number: (760) 726-6102

Section 2.2.4 Summary narrative of the applicable services

Children's Outpatient Psychiatry has worked with North County Lifeline, Inc. since 1999 in the development of an EPSDT treatment and referral network in the North Coastal region OF San Diego County. Together we have developed an extensive EPSDT mental health outreach program to numerous school districts in the North Coastal region, including Bonsall Union School District, San Marcos Unified School District, Vista Unified School District, Oceanside Unified School District, Carlsbad Unified School District, Encinitas Union School District, San Dieguito Union High School District. The network was created to provide seamless access for referrals of Medi-Cal funded (EPSDT) students who are experiencing severe emotional and behavioral problems.

The integration of services of our two programs, in addition to other outpatient mental health providers in North County has demonstrated an ability by Children's Outpatient Psychiatry to create a treatment network that will also serve the needs of Walk-in Clinic / MAT families who need ongoing mental health services. The network of mental health and education personnel that are familiar with Children's services is extensive and will serve as a venue for educating referral sources about the new Walk-in Clinic / MAT. Additionally, the numerous positive relationships that Children's has developed with NC Lifeline and school district staff will engender a trust in our services that will be communicated to families who contact these individuals for referrals. The experience Children's has gained in collaborative network development in the North Coastal region can also be transferred to other regions of North County, so that similar networking can occur between the staff of the Walk-in Clinic and school and mental health staff in the North Inland region. Not only does this experience demonstrate networking and outreach capabilities of Children's Outpatient Psychiatry, but our reputation in the treatment of complicated and severe mental illness demonstrates our clinical skills and acumen.

2.3 Organization and Staffing:

2.3.1 **Organization Chart. Provide an organizational chart that describes the Offeror's overall organization and illustrates the relationship of the proposed program with other organizational divisions, programs, and sections. Indicate the lines of organizational management, authority, and responsibility.**

See Attachment 1 for the Children's Hospital Organizational Chart with the proposed program.

2.3.2 **Staffing Chart. Provide a staffing chart that describes the Offeror's proposed program and identifies program staff positions and reporting responsibility.**

See Attachment 2 for the Staffing Chart for the proposed program.

2.3.2.1 **Provide a narrative description that explains how the proposed staffing as reflected in the staffing chart required in Submittal Requirements 2.3.2 will be adequate to meet the minimum requirements of Exhibit A – Statement of Work.**

Staffing for the North County Walk-in Clinic and MAT will consist of clinical staff including a 1.0 FTE Program Coordinator, a 1.0 FTE Licensed clinician (either a Social Worker or Marriage & Family Therapist), a .5 FTE unlicensed / waivered clinician (either a Social Worker or Marriage & Family Therapist Intern), a .5 FTE Psychiatrist, and a .25 FTE Case Manager. An Administrative Associate (1.0 FTE) will be based full-time in the Clinic to answer phones, contact clinicians, and contact other medical or community resources, as needed.

The Clinic will be staffed from 12noon – 8pm, Monday through Friday (SOW 4.2.1, 4.2.3) and open to provide services to clients who walk-in to the Clinic in need of urgent comprehensive mental health / substance use assessments, crisis intervention, or referrals (SOW 5.1.1). Walk-in clients or phone calls (SOW 5.1.3) will be welcomed by the full-time Administrative Associate who will register clients, complete UMDAP, and enter their demographic information into the Access Log. A member of the clinical staff will be assigned to On-Call duty and will meet with the "Walk-in" client and family or respond to the phone call to triage and assess need (SOW 5.1.1, 5.1.2, 5.1.3). Walk-in or phone in clients will be assigned to one of the clinical staff present, including the Program Coordinator, Licensed clinician, or unlicensed / waivered clinician. Follow-up appointments will be made with the Walk-in Clinic staff, as determined by the clinician and Program Coordinator, or referred to Children's North Coastal Outpatient Psychiatry Clinic or another mental health program in proximity to their home for ongoing services.

If psychiatric service or medication evaluation is required, the client will meet with the .5 FTE staff psychiatrist at the next available opening when the staff psychiatrist is present (SOW 5.1.4). If the client presents when the staff psychiatrist is not present, then an assessment will be made with the family by a licensed clinician regarding the potential for the client to return at a time when the staff psychiatrist is available. If it is determined that the client cannot wait for a different appointment, the clinician will contact Children's North Coastal Outpatient Psychiatry Clinic or another local mental health agency to determine the availability of psychiatric appointments at that time. If no psychiatrist is available, the client will be referred to a local emergency room or LPS facility for urgent medication assessment.

The Mobile Assessment Team (MAT) staff will be interchangeable with the Walk-in Clinic staff. Upon receipt of a phone call that requires a response by the MAT, the Program Coordinator will determine which clinical staff will respond to the call and when the response will occur, depending upon staff resources available. In any case, once the decision has been made for the MAT to respond, response time will be within 4 hours, if possible to accomplish within the posted business hours of the Walk-in Clinic / MAT (SOW 5.2.1, 5.2.3). The MAT response will include a triage, mental health evaluation, and crisis intervention, as needed. Referrals and case management will occur at the time of the intervention and / or later, if appropriate, by the Case Manager (.25 FTE), assigned to the Clinic. Case Manager may also be present as a part of the MAT response, depending upon the decision of the Program Coordinator at the time of the initial request for MAT services. Follow-up appointments for further clinical intervention, psychiatric assessment, or medication evaluation will be made with the Walk-in Clinic staff, as determined by the family, clinician and Program Coordinator, or referred to Children's North Coastal Outpatient Psychiatry Clinic or another mental health program in proximity to their home for ongoing services. A detailed description of engagement strategies with the target population and program design, can be viewed in Sections 1.1.3 and 1.2 above.

2.3.3 **Resumes for Key Executive and Management Staff. Provide resumes for Offeror's chief executive and all other executives and managers in the chain of command from the chief executive through the program manager.**

See Attachment 3 for resumes of key personnel. Resumes are not available for the walk-in clinic/MAT staff, since recruitment has not yet been initiated.

2.3.4 **Job Descriptions. Provide a job description for all program staff positions, including administrative, support, and direct service staff by title, duties/responsibilities, positions supervised, minimum requirements for employment (skills, education, experience, licenses, certifications, etc.), title of direct supervisor, hourly rate range and benefits, and, if not a full-time position, identify the portion of a full-time position, such as 0.75, 0.5, etc.**

See Attachment 4 for full job descriptions.

2.3.5 **Training. Provide a training plan, including timelines, for staff and volunteers including initial training and orientation, continuing education, course descriptions, and hours per staff. Identify any planned training in best practice models.**

Training will begin two weeks prior to the deliver of service. Staff from other Children's Outpatient Psychiatry Clinics (including the one to which this program shall be attached) will provide training and mentoring. In addition, new staff will be required to attend County Documentation Training within their first quarter of work and an 8-hour Wraparound Training Academy. In house training will address the unique characteristics of this statement of work and the RFP and include orientation to CMHS systems of care principals and requirements. During the first two weeks all administrative tasks will be reviewed (including HHSA: MHS paper work for clinicians and requirements for clerk). Trainers will present models of best practices including but not limited to documentation standards, child abuse reporting, use of the CRAFFT, CDI (Child Depression Inventory) and CAMS, use of the current functioning grid, telephone intake and service documentation, documentation of the crisis plan, and billing standards and documentation. All clinical staff will be required to meet at least the minimal requirements for continuing education required by their licensing

body. In addition, Children's Hospital Department of Psychiatry proficiency standards will be expected to be met upon hiring, which includes knowledge of age and developmental norms, risk assessment, child abuse assessment and reporting, substance abuse assessment and treatment, and demonstration of cultural competency. Other trainings provided to staff within the first six weeks of hiring (and throughout the year as a focus for staff development) will include an overview of assessment (CRAFFT) and treatment of co-occurring disorders, theoretical reasoning behind the use of evidence based practices, best practices for crisis intervention including Roberts' ACT and Seven Stage Model *(Roberts*, A.R. (2000) and Introduction to Motivational Interviewing (*Miller & Rollnick, (2002)*. Staff will engage in role-play of techniques (especially motivational interviewing skills such as asking open-ended questions, reflective listening, eliciting self motivational statements, affirming and making summary statements) in weekly staff meetings. Other staff at Children's Hospital Department of Psychiatry who have already shown proficiency in these areas will provide each of these six-hour trainings. In addition, whenever possible, guest speakers from UCSD, Alliant University, and other county contract agencies will be invited to provide some of the initial or ongoing training. The program coordinator will maintain a staff training log and be responsible for ensuring that all staff receive required trainings. Staff will (minimally) meet a 4 hour annual cultural competency training requirement but other trainings related to the local community and its cultural and SES characteristics and unique needs will be offered whenever possible. Linkages with the county training resources including Diversity Schoolhouse will be maintained. Linking with Mental Health Systems and Lifeline resources for professional training will ensure a broader range of training for this staff.

2.3.6 **Cultural Diversity. Describe how Offeror shall ensure that program staff are culturally competent to serve the culturally diverse backgrounds of the clients in the community including:**

2.3.6.1 **Provision of a Human Resource Plan for recruiting, hiring, and retaining staff reflective of the major cultural groups to be served.**

The Latino community makes up the primary minority group in North County. Every effort will be made to recruit and hire Spanish-speaking staff for the Walk-in Clinic and MAT. One way in which this will be accomplished is through liaison by the Coordinators, who will use their contacts with many local graduate schools to make additional efforts to recruit bilingual/bicultural staff. With regard to the hiring process, Children's Hospital has many fluent Spanish speakers who will be involved in the selection process and can verify a candidate's knowledge of Spanish. Efforts will also be made to hire staff familiar with and knowledgeable about Asian and Hispanic cultures in the North County.

Children's Hospital has an Affirmative Action program for minorities. The Hospital uses the following techniques to maintain a satisfactory flow of qualified minority applicants: 1) Encouragement of minority employees to refer friends for potential employment; 2) Inclusion of special recruitment efforts designed to reach minorities at all schools; 3) Advertising all job openings monthly in three publications designed to reach target cultural groups: Enlace for Spanish-speakers; The San Diego Voice & Viewpoint for African-American Audience, and Asian Journal. The Latino community makes up the primary minority group in North County. Every effort will be made to hire Spanish-speaking staff for the Walk-in Clinic and MAT. In addition, coordinators who liaison with many local graduate schools will make additional efforts to recruit bilingual/bicultural staff. Efforts will also be made to hire staff familiar with and knowledgeable about Asian cultures in the North County. According to 2000 census data, only 1.2% of the population in North

Inland and North Coastal combined are Vietnamese, while the largest Asian group (4.4%) is Filipino. All new employees are advised that all employee benefits, salaries, are administered in a totally nondiscriminatory fashion. The Equal Employment Opportunity Administrator is responsible for periodically reviewing these personnel areas to ensure that there is no such discrimination. The Hospital continually works toward creating a work environment that is tolerant and understanding of cultural diversity concerns.

2.3.6.2 **Identification of a process to determine bilingual proficiency of staffs in at least the threshold languages for the County.**

There are four threshold languages including English, Spanish, Vietnamese, and Tagalog. Only 1.2% of the population in North County is Vietnamese, while the largest Asian group (4.4%) is Filipino. The primary minority group by far is Hispanic. CHOP has many clinical and administrative staff who are bilingual and fluent in Spanish who will be involved in the selection process for new staff, and can verify a candidate's knowledge of Spanish. Other recruitments for staff who are skilled in other threshold languages will have their proficiency tested by Children's Hospital translation service.

2.3.6.3 **Arrangements that will be made for language translation services when staff do not have the capability to speak a client's language using the County's contracted interpreter services, as necessary.**

Interpretation for languages other than Spanish is provided through independent contractors or telephonic interpreter services as needed. We will use "INSYNC" translations service. The number to access the service is on all the phones and special handsets. There are handsets that attaché to the phones with a "Y" adapter so that staff and the parent can speak and hear the translator at the same time. When called, staff will let them know they are calling from Children's Hospital and are calling for translation service, naming the language. There will be a language chart posted at the Walk-In clinic to help in identifying the language the family speaks.

2.3.6.4 **Ongoing cultural competency training provided to staff and how this will be reinforced in the program.**

The Dept of Psychiatry requires staff to receive cultural competency training 4 times per year, at which time there are speakers on a variety of topics. In addition, Children's uses "Diversity of School House for cultural competency training. Walk-in Clinic and MAT staff will be included in cultural competence trainings and activities that are already being provided to Children's Hospital staff providing services via other County contracts. Walk-in and MAT staff will develop ongoing collaborative relationships with other community partners serving the Asian and Latino populations to continue to increase their knowledge about the unique characteristics of these minority communities in both the North Coastal and North Inland regions.

Staff will also participate in the cultural competency training monthly at CHSD that features a one-hour presentation from different cultures each month. There is a potential for 12 hours a year through that program alone. Additional, CHOP provides it's own internal services from staff with backgrounds bicultural, bilingual in several ethnic and cultural backgrounds (e.g. Mexico, South America, Korea, China, Phillipines in addition to the gay and lesbian community.

2.3.6.5 **Demonstration of integration of cultural competence standards described in the San Diego County Mental Health Services Cultural Competence Plan.**

Information regarding patient rights' consent forms, etc., will be available in the threshold languages. Interpreters will be used to explain any forms, information, to individuals when written materials are not available in the individual or caregiver's primary language. Program Coordinator for both the Walk-in Clinic and MAT will describe in Monthly Service Reports the efforts made to provide education for staff and to reach out to the Asian and Latino communities in particular.

2.3.6.7 **Litigation. State all lawsuits, litigation and regulatory actions in which Offeror or other principals thereof have been involved in the last five (5) years. Provide a brief explanation of the reasons for the actions, their status, how they were resolved, and if there were any penalties, fines, or other actions taken.**

There are no lawsuits, litigation, or regulatory actions for which the Dept. of Psychiatry at Children's Hospital – San Diego is involved in the last five (5) years.

TAB 3: FINANCIAL INFORMATION

3. Financial Information

3.1 **Budget. Submit detailed budgets in the format provided. The budgets should reflect all staffing, operational, and overhead expenses necessary to meet the service delivery requirements of the program as described in Exhibit A – Statement of Work.**

See Attachment 5 for detailed budgets through June 20, 2009 and Attachment 6 for the option period through December 31, 2012 listing all staffing, operational, and overhead expenses, based on assumptions outlined below in section 3.2.

3.2 **The proposed budgets should assume the same level of funding for the entire contract term, including all option periods as noted below in 3.2.3.**

3.2.1 Include any non-County income or fees anticipated from other sources (e.g., client fees, grants) as provided for in the budget forms.

3.2.2 Complete Medi-Cal revenue section (lines 28 and 29) of the Budget Summary page.

3.2.3 Submit budgets for each of the following contract periods:

3.2.3.1 Initial term:

3.2.3.1.1 Fiscal Year July 1, 2006 through June 30, 2007.
3.2.3.1.2 Fiscal Year July 1, 2007 through June 30, 2008.
3.2.3.1.3 Fiscal Year July 1, 2008 through June 20, 2009.

3.2.3.2 Option periods:

3.2.3.2.1 Each of three fiscal years from July 1, 2009 through June 30, 2012, contingent upon approval of funding by the State of California.

3.2.3.2.2 Additional six-month option to extend from July 1, 2012, through Dec 31, 2012.

3.3 **Cost Allocation Plan. Submit a cost allocation plan that identifies how organizational overhead costs that cannot be directly charged to the program shall be allocated to the program.**

Children's Hospital – San Diego uses the simplified allocation method, as described in Office of Management & Budget Circular A-122, to determine the indirect rate. The allocation is determined by separating the organization's total costs for the base period as either direct or indirect and dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that gets submitted to the Division of Cost Allocation for approval. Once approved, this rate is the basis for distributing indirect costs to individual awards. The current approved rates in effect for the fiscal year ended June 30, 2005 and 2006 are 43.5% for Other Sponsored Projects and 62% for Research. They were determined using the fiscal year ended June 30, 2003 audited expenses. The proposal for the indirect cost rate to be in effect for fiscal year ended June 30, 2007 and 2008 has been submitted to the DCA based on the fiscal year ended June 30, 2005 audited expenses. The proposed rates for Other Sponsored Projects and Research are 55.10% and 83.73%, respectively.

Article # 4.3.4.1. of the County Agreement Contract # 43207, states that the ratio of actual total Indirect Cost to actual total Gross Cost shall not exceed 125% of the ratio of each program's total budgeted Indirect Cost to budgeted Gross Cost, as itemized on the Agreement Program Budget Summary." Children's Hospital – San Diego will allocate a 20% fixed indirect rate and directly allocate a reasonable portion of costs that are normally considered indirect for purposes of calculating the Federal approved indirect rate. This total amount will be allocated to its CMHS budgets, which is less than

CHSD's rates of 55.10% or 83.73%, but consistent with Article 4.3.4.1. of the County Agreement Contract # 43207.

3.4 **Compensation. Compensation will be by cost reimbursement for all staffing, operational, and overhead expenses.**

Children's will submit a monthly cost report to the County detailing expenses by program utilizing the budget line items submitted in the budget attachments (see section # 3.2.3.1 and # 3.2.3.2.). All expenses including salaries, benefits, operational, and overhead (indirect) costs will be included in the monthly Cost Report to obtain reimbursement under the Contract.

Payment Schedule

The Contractor's monthly Cost Report and productivity report will be discussed with the County on a monthly basis and shall be utilized by the County and Contractor to assure that program costs are offset by sufficient funding to support the North County Walk-in Clinic and Mobile Assessment Team. The County assures Contractor that the combination of MHSA and EPSDT funds will be sufficient to cover program costs. Should the allocated MHSA and EPSDT funds be insufficient to cover the actual costs of the program in any given contract year, the County and Contractor will renegotiate the contract. If renegotiations cannot successfully remedy the funding imbalance, County will pay Contractor the short-fall by means of a contract amendment. The cost and revenue reports will also be considered by the County and Contractor when negotiating equitable compensation for the option years contained within this agreement.

Pharmaceutical, Lab, Client Transportation, and Local Travel expenses
The County and Contractor agree that should the cost of pharmaceuticals, lab, client transportation, or local travel expenses exceed budgeted amounts, County and Contractor will renegotiate the contract to ensure that the Contractor is fully compensated for excess expenses, either through an agreed upon budget adjustment or contract augmentation.

Termination
The County agrees that should the contract be prematurely terminated, leaving Contractor with committed fixed lease expenses, the County will reimburse Contractor sufficiently to fully cover any losses of a prematurely terminated lease for the Walk-in Clinic / MAT office space.

Unfunded patients in crisis
Should normal treatment options for a client not be available due to client's funding limitations, ineligibility, or program capacity limitations for outpatient or inpatient care for acute clients in crisis, the County will assist the Walk-in Clinic / MAT program in finding an appropriate placement for the client. County will continue its assistance until the client is properly placed, regardless of the time of day or day of week.

3.5 **Accounting System. Describe how Offeror's accounting system shall segregate, control, and account for all expenses, revenues, funds, assets, and property for each County contract distinct from other contractor activity, and that the system functions in accordance with generally accepted accounting principles and applicable Office of Management and Budget Circulars such as OMB A-122 Cost Principles for Non-Profit Organizations.**

Three key employees will be responsible for the fiscal management, oversight, & dispersion of this grant. The Accounting Contact (AC) will be responsible for assigning this grant to an individual general ledger account to ensure no funds will be commingled with other operational funding. The Grants Contact (GC) will assist in monitoring expense activity to ensure the funds are being spent in accordance with grant parameters. The GC will also serve as liaison between the Program Coordinator (PC) & the AC to detect any minor accounting errors that may occur. The PC will monitor spending in

accordance with grant parameters & meet with the GC on a monthly basis to review supply & staff expense reports. Each of the County contract programs has a separate CHSD cost center and all expenses are clearly identified and separated by County contract program and transferred to that cost center. In addition, all grant expenditures are authorized by either the Project Director, Manager or Vice President.

3.6 **Fiscal Management. Briefly outline the fiscal management process for monitoring program expenses and revenues to ensure the program's ongoing ability to meet all service delivery requirements.**

Each grant's Project Director and Project Manager receives a copy of the breakdown of labor dollars by employee to ensure only actual work done on a particular grant is approved and authorized. This labor report separates an individual's grant activity from other responsibilities. The supervisor also receives a detailed trial balance. This shows the details for each of the expenses on the Monthly Financial report and expense reports. The supervisors review the labor distribution, Monthly Financial and the detailed trial balance reports for accuracy and reasonableness. The Grants Accounting Supervisor meets with each department supervisor on a monthly basis to review these reports and settle any discrepancies prior to the preparation of the Form 201 for reimbursement of expenditures. The "Expense Analysis" is reconciled to the hospital and department General Ledger on a monthly basis. The report tracks all grant expenditures from the beginning to the end of grant award period and for each year of a multi-year grant award. This report indicates the status of expenditures and funds available for each grant.

3.7 **Financial Statements. Provide documentation that Offeror has sufficient operating capital or line of credit for operational expenses to support and sustain the proposed program for a minimum of sixty days. Include a complete set of audited financial statements for the last three fiscal years and quarterly statements for the current fiscal year including the information described below (un-audited statements will be acceptable if audited statements are not available for the most recent periods):**

See Attachment 7 for financial statements.

3.7.1 Balance sheets.

3.7.2 Income statements.

3.7.3 Statement of Cash Flow.

3.7.4 Auditor's Report, including notes to financials.

3.8 **Additional Funding or Other Resources. Describe the Offeror's approach to identifying potential additional funding or other resources that may be available to sustain the program. Identify any current or anticipated resources, and how Offeror will obtain the funding.**

Children's is not aware of funding sources other than MHSA and EPSDT funding sources that are available to fund this program at present. Children's does have a United Way grant at Morse High School in the San Diego Unified School District that has provided additional funds for outpatient service for children and families without resources at the school. When United Way issues future RFPs, Children's Psychiatry Department will review the request to see if it would be possible to obtain additional United Way grant funding for the Walk-in Clinic and/or Mobile Assessment Team. The department of outpatient psychiatry will work with the grants units of CHSD to locate and track potential federal, state, local and foundation funding that may be used as leverage to sustain the program.

3.8 **Start-up Funding. Start-up funding of 8 – 12% of the first full year of MHSA funding is available for approved expenditures. A separate budget and spending timeline must be submitted for start-up costs.**

See Attachment 8 for start up funding budget and for budget narrative.

3.8.1 Start-up costs are limited to those expenditures associated with the development and implementation of the MHSA component of the program. Examples of approved expenditures include the costs of staff hiring, initial staff training and development (ongoing training and development should be included in the annual operating budget), equipment, supplies and materials, and facility remodeling necessary to fully implement the MHSA component of the program. Start-up funds may not be used to supplant or supplement Offeror's regular operating expenses.

3.8.2 The timeline for expending start-up costs is from the date of contract execution to six (6) weeks past the service delivery start date for MHSA services. At the end of the six-week period, an evaluation of the start-up cost expenditures will be made and remaining start-up funding may be rescinded.

3.8.3 Start-up costs will be reimbursed based on actual costs (cost reimbursement).

3.10. **Linked Proposed Budget (Optional) – The submission of linked Proposal and Budget is optional**

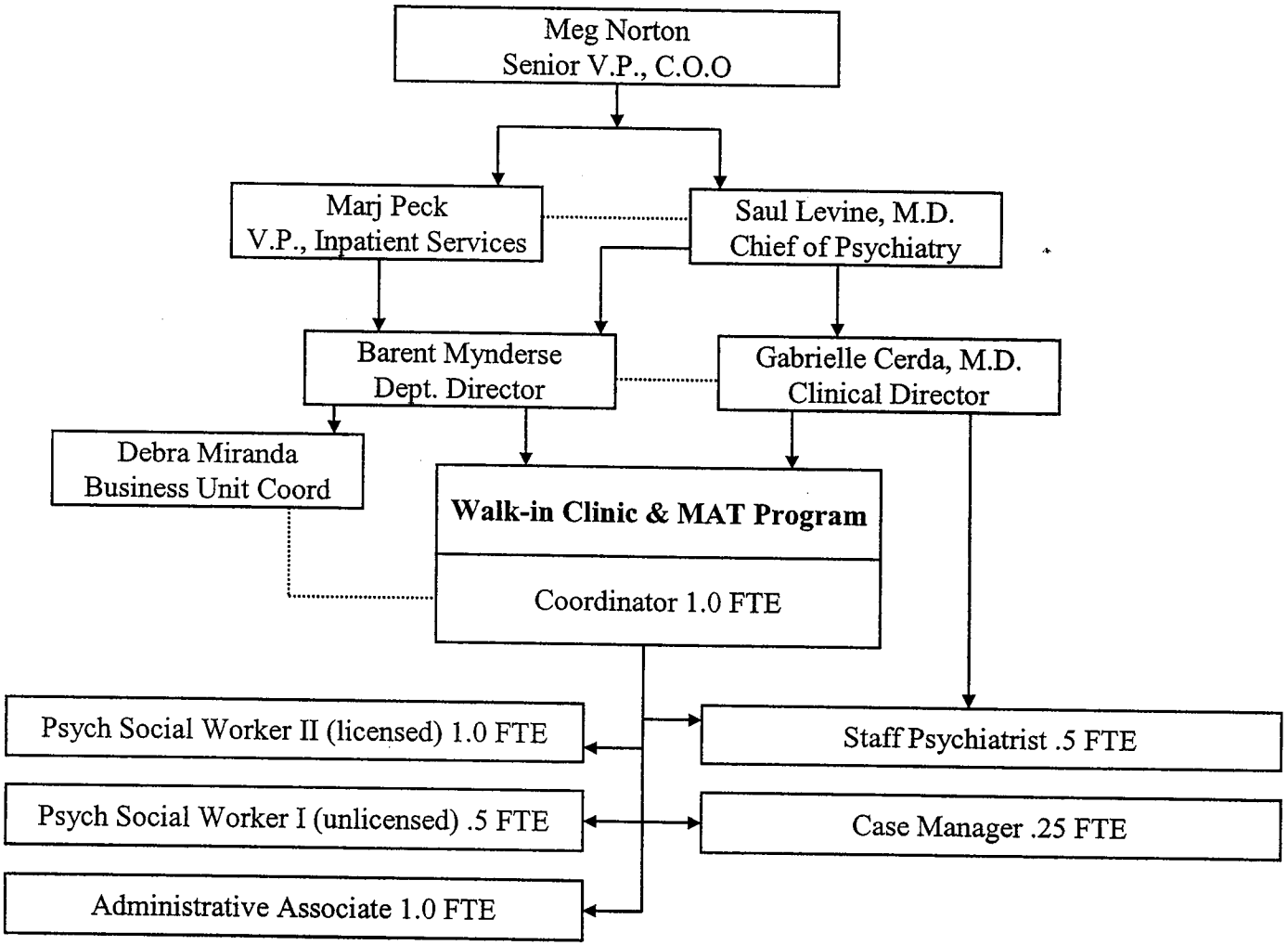
This proposal is not linked to any other proposals.

ATTACHMENTS

1. Organizational Chart

CHSD Outpatient Psychiatry
Walk-in Clinic / MAT Program
06-07 Staffing Chart

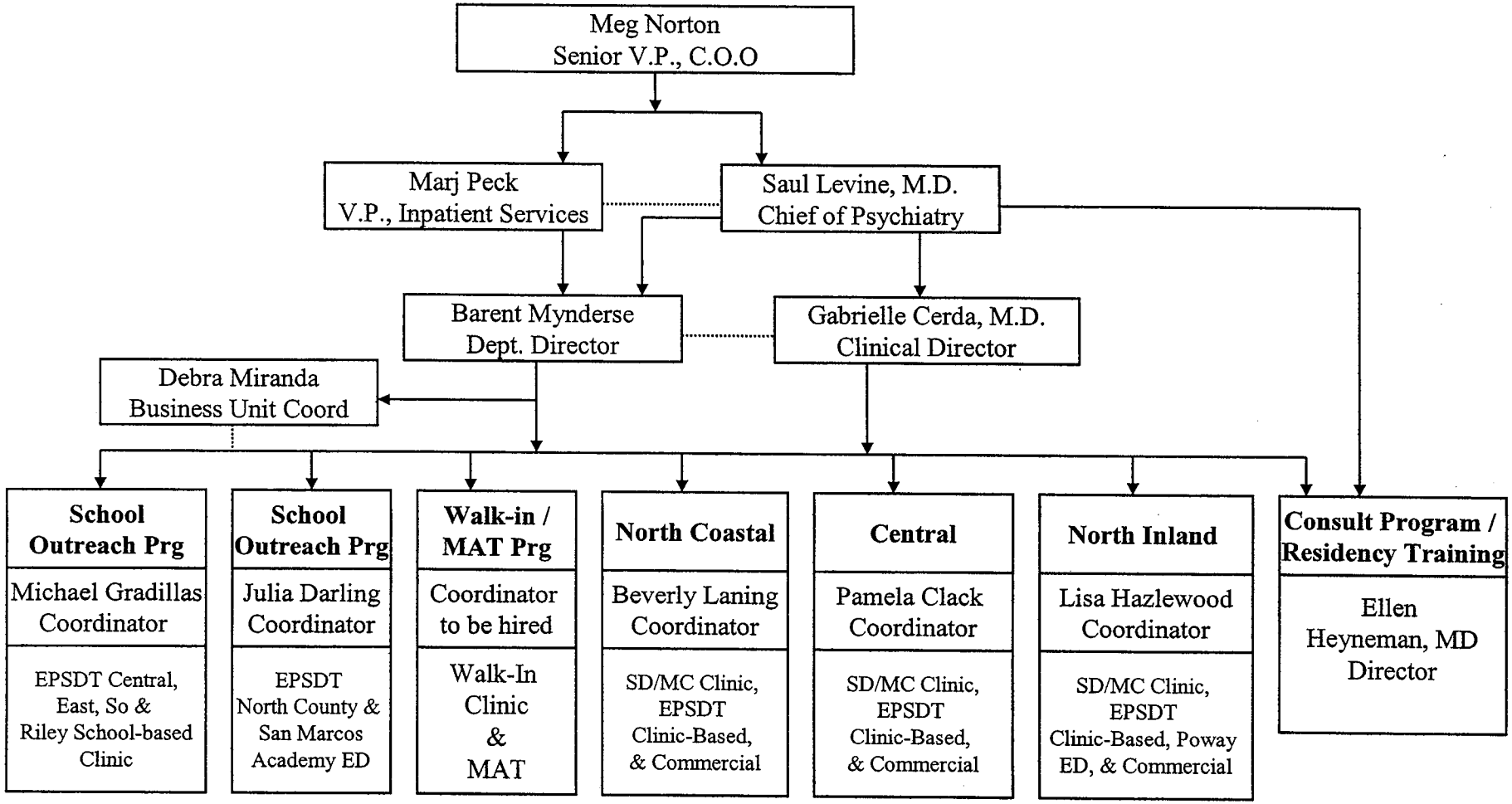
Section 2.3.2



2. Staffing Chart

CHSD Psychiatry Department Org Chart 06-07

Section 2.3.1



3. Resumes of Key Personnel

CURRICULUM VITAE – 2004

SAUL LEVINE, B.Sc., M.D., C.M., F.R.C.P.(C)

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Fellow of the Royal College of Physicians and Surgeons
Specialty Boards in:
Psychiatry - 1969
Child and Adolescent Psychiatry – 1973

CURRENT PROFESSIONAL POSTS:

- Professor, Child and Adolescent Psychiatry, Department of Psychiatry, University of California, San Diego (UCSD)
- Director, Division of Child and Adolescent Psychiatry, Department of Psychiatry, UCSD
- Chairman, Department of Psychiatry, Children's Hospital – San Diego
- Co-Director, Behavioral Health Council, Children's Hospital – San Diego
- Director, UCSD Child and Adolescent Psychiatry Services (CAPS)
- Associate Director, Child and Adolescent Services Research Center

OTHER PROFESSIONAL ACTIVITIES:

- Chair, Executive Committee, Child and Adolescent Psychiatry Services (CAPS)
- Chair, Executive Committee, Child and Adolescent Psychiatry Services Faculty
- Chair, Psychiatry Management Group, Children's Hospital and Health Center
- Member, Psychiatry Operations Group, Children's Hospital and Health Center
- Associate Director, Child and Adolescent Services Research Center (CASRC)
- Faculty Member, UCSD-SDSU Joint Doctoral Program in Clinical Psychology
- Delegate to National Assembly, American Academy of Child and Adolescent Psychiatry
- Editorial Board, Annals of the American Society for Adolescent Psychiatry
- Health Advisory Board, HEADSTART, San Diego
- Fellow, American Orthopsychiatric Association
- Distinguished Life Fellow, American Psychiatric Association

- Fellow, American Academy of Child and Adolescent Psychiatry
- Member, San Diego Society of Psychiatry Physicians
- Member, Alpha Omega Alpha, Honor Medical Society
- International Editorial Advisory Board, International Journal of Adolescent Medicine and Health
- Member, American Society of Adolescent Psychiatry
- Contributing Editor, Middle East Focus (Canada)
- Honorary Professor (Retired), Department of Psychiatry, University of Toronto
- Courtesy Staff, Department of Psychiatry, Sunnybrook Health Science Centre, Toronto
- Member, Research Advisory Panel, Children's Hospital and Health Center
- Medical Executive Committee, Children's Hospital
- Columnist, JoLee Magazine (Internet)

CURRENT UNIVERSITY OF CALIFORNIA, SAN DIEGO, TEACHING:

- Course Co- Chairman, SBS Human Growth & Development Course, First Year Medical Students
- Demonstration Case Conference – CAPS & CHHC, Department of Psychiatry
- Weekly Child and Adolescent Grand Rounds
- Lectures to Fellows (all years)
- Ad Hoc Teaching to all Mental Health Disciplines, other departments and faculties

COMMITTEES:
Children's Hospital, San Diego

- Medical Staff Executive
- Medical Directors' Committee
- Quality Assurance Committee
- Bioethics Committee
- Physician Well Being Committee
- Research Advisory Committee
- Co-Chair, Behavioral Health Council
- Affiliated Health Professionals Committee
- Ad Hoc and Search Committees
- Leadership Council
- Healing Environment Committee

Children's Hospital, Department of Psychiatry

- Clinical Oversight Committee (Chair)
- Psychiatry Faculty Committee (Chair)
- IPA Executive Committee (Chair)

- Community Advisory Committee, Child and Adolescent Services Research Center (Chair)
- Managed Care Committee
- Residency Education Committee
- Associate Directors' Committee, Child and Adolescent Services Research Center
- Psychiatry Program Management Group (Chair)
- Psychiatry Program Operations Group (Chair)
- Ad Hoc Committees

UCSD Department of Psychiatry

- Strategic Planning Group Committee
- Dept. of Psychiatry Executive Committee
- Clinical Service Chiefs Committee
- QA - CQI Committees
- SBS Executive Committee
- UCSD-SDSU Joint Doctoral Program Faculty Committee
- Clinical Faculty Committee
- Graduate Education Committee
- Ad Hoc, Search Committees

UCSD Child and Adolescent Psychiatry Services (CAPS)

- Executive Committee (Chair)
- Budget Committee (Chair)
- Program Committee
- Critical Care Committee
- QA Committee
- Ad Hoc Committees

Community (Current)

- Associate Director, Child and Adolescent Services Research Center, Children's Hospital
- Faculty Member, UCSD-SDSU Joint Doctoral Program in Clinical Psychology
- Delegate to National Assembly, American Academy of Child and Adolescent Psychiatry
- Past Board of Directors, Children's Museum Charter School
- Editorial Board, Annals of the American Society for Adolescent Psychiatry
- Health Advisory Board, Headstart
- Counselor, American Association of Social Psychiatry
- Fellow, American Orthopsychiatric Assocation
- Fellow, American Academy of Child and Adolescent Psychiatry
- Distinguished Life Fellow, American Psychiatric Association
- Member, San Diego Society of Psychiatric Physicians

- Member, Alpha Omega Alpha, Honor Medical Society
- International Editorial Advisory Board, International Journal of Adolescent Medicine and Health
- Member, American Society of Adolescent Psychiatry
- Member, Research Advisory Panel, Children's Hospital and Health Center
- Contributing Editor, Middle East Focus (Canada)
- Honorary Professor (Retired), Department of Psychiatry, University of Toronto
- Courtesy Staff, Department of Psychiatry, Sunnybrook Health Science Centre Toronto
- Executive Committee, "YES! International" (Canada)
- Mental Health Committee, Preuss Charter School
- Society of Adolescent Medicine
- Media Contributions
- Presentations to community agencies, groups, etc.
- Child and Adolescent Mental Health Services, Committee, San Diego County

ACADEMIC RECORD:

Strathcona Academy (Scholarships), 1951-55, Montreal.
McGill University, Undergraduate School, (Scholarships), 1955-59.
McGill University, Montreal: B,Sc., 1959, Psychology, With Very Great Distinction (Summa Cum Laude).
McGill University Medical School (Scholarships), 1959-63.
McGill University, Montreal: M.D., C.M., 1963.
Alpha Omega Alpha, Medical Honour Society, 1962.
Psychiatric Training - Child and Adult Psychiatry, Stanford.
University School of Medicine, Stanford, California 1964-68.
Chief Resident, 1967-68, Stanford University, Department of Psychiatry.
Mental Retardation Course, University of California (L.A.), 1968.
Certified in Psychiatry, Canadian Boards 1969.
Fellow of the Royal College of Physicians and Surgeons F.R.C.P. (C), 1968 (Specialty Boards in Psychiatry and Child Psychiatry 1973).
Gestalt Therapy Course, Toronto General Hospital, Department of Psychiatry, 1971.
Health Science Exec/Physician Management Course, July 1986, St. Andrews-by-the Sea, New Brunswick.
Alliance-Francaise, Toronto, 1991.

VISITING PROFESSORSHIPS:

Hospital for Sick Children, Great Ormond St., and Maudsley Institute, London, England, 1974.
Department of Psychiatry, University of Manitoba, Winnipeg, Manitoba, 1974.
Department of Psychiatry, UCLA and Brentwood VA Hospital, 1976.
Department of Pediatrics, University of British Columbia, Vancouver, British Columbia, 1979.

Institute for the Study of Youth Issues, and Department of Psychiatry, University of Bucharest, Romania, 1980.
Department of Psychiatry, Hebrew University Medical School, Jerusalem, August 1979 to July 1980 (Sabbatical).
Visiting Professor of Psychiatry, University of California at San Diego, 1992 (Sabbatical).

UNIVERSITY GUEST LECTURESHIPS:

Departments of Psychiatry:

University of Manitoba, Winnipeg
McGill University, Montreal
University of California, Los Angeles
Hebrew University, Jerusalem
University of Bucharest
University of Tel Aviv
Stanford University
University of Maryland, Baltimore
University of Utah, Salt Lake
University of B.C., Vancouver
Dalhousie University, Halifax
University of California, San Francisco
University of California, San Diego
Queen's University, Kingston
University of Western Ontario, London
University of Ottawa
University of Miami
Case Western University, Cleveland
University of Calgary
University of Pennsylvania
University of British Columbia
University of Manitoba
University of Montreal
University of Kansas

HONORS/AWARDS:
Alpha Omega Alpha Honour Society
J. Roswell Galagher Memorial Lecture, Society for Adolescent Medicine, Chicago
Plenary Address, American Academy of Pediatrics, San Diego, March 1991.
Service Commendations (Champions for Children; Headstart; National Alliance for Mentally Ill; National Institute of Mental Health, etc.)
Visiting Professorship (See Above)
Leonard Tow "Humanism in Medicine" Award, (University of California, San Diego, 2004)
Distinguished Life Fellow, American Psychiatric Association, 2004

CURRENT ORGANIZATION MEMBERSHIPS:

American Orthopsychiatric Association
American Psychiatric Association
San Diego Society of Psychiatry Physicians
American Academy of Child and Adolescent Psychiatry
American Society of Adolescent Psychiatry
Alpha Omega Alpha, Medical Honour Society
Institute of Society, Ethics and Life Sciences
Association of Canadian Television and Radio Artists
International Association for Social Psychiatry
American Association for Social Psychiatry
AMHAI, Association for Mental Health Affiliation with Israel
Physicians for Social Responsibility
International Society of Political Psychology
Canadian Professors for Peace in the Middle East
PEN; Canadian Writers/Authors Association
McGill Alumni Association
Stanford University - Friends of Behavioral Sciences
Smithsonian Associates
American Society for Adolescent Medicine
Canadian Psychiatric Association
Ontario Psychiatric Association
Royal College of Physicians and Surgeons

PUBLICATIONS:

1. Report on Child Psychiatry Facilities for Pediatrics in State of Israel International Foundation of Child Health, New York 1968.
2. School Phobia (with Q. Rae-Grant) Modern Medicine of Canada, 24:3, September 1969.
3. Poverty and Psychiatry, Canada's Mental Health, 18:2, March-April, 1970.
4. Brief Psychotherapy with Children: A Preliminary Report (with A.J. Rosenthal), American Journal of Psychiatry, 127:5, November 1970.
5. The Inner City: Setting, Subgroups, Psychopathology and Service, American Journal of Orthopsychiatry, 41(1): January, 1971.
6. Where Have All The Children Gone?: Psychiatric Emergencies in Children and Adolescents in an Urban Setting (with P.D. Steinhauer, G. Dacosta), Canadian Psychiatric Association Journal, 16, (121): April 1971.
7. Brief Psychotherapy With Children: Process of Therapy (with A.J. Rosentahal), American Journal of Psychiatry, 128 (2): August 1971. Reprinted in : (1)Yearbook of Psychiatry and Applied Mental Health p.p. 107-108-, 1972. (2) Annual Review of Child Psychiatry and Child Development, Chess and Thomas Vol. IV, 1973. (iii) Children and Their Parents in Brief Therapy, Eds., Barten and Barten. Behavioral Publications, New York, 1973.

8. Draft Dodgers: Coping with Stress, Adapting to Exile, American Journal of Orthopsychiatry, 42(3): April 1972, (Presented at Orthopsychiatric Meeting, 1971.) (i) Psychiatric Spectator, Vol. VII, No. 4, 1972. (ii) Chapter in "Human Adaptation: Coping with Life Crises", Rudolf Moos, Ed., Williams and Wilkins, New York, 1976.
9. The Speed User: Social and Psychological Factors in Amphetamine Abuse (with D. Lloyd, W. Longdon), Canadian Psychiatric Association Journal, 17(3): 229-241, June 1972. Reprinted in the Proceedings of the International Symposium on Drug Abuse, 1972.
10. Service in the Season of Discontent (with Q. Rae-Grant), American Journal of Orthopsychiatry, 42(4), July 1972.
11. The Urban Commune: Fact or Fad, Promise or Pipe Dream? (with R. Carr, W. Horenblas), American Journal of Orthopsychiatry, 43(1):149, January 1972. Reprinted in Mind Altering Drugs: Current Research on Alcohol, Heroin, Marijuana and other Drugs: Psychology Dimensions, New York 1974.
12. Sexism and Psychiatry (with L. Kamin, E. Levine) American Journal of Orthopsychiatry, 44(3): 327-336, April 1974.
13. Psychiatric Service to Northern Indians: A University Program, Canadian Psychiatric Association Journal, 19:343-349, 1974.
14. American Exiles in Canada: A Social and Psychiatric Follow-Up, Psychiatric Opinion, 1(6):20-31, November 1974.
15. Child Psychiatry and Pediatrics: An Integrated Approach (with A.P. Froese, D.E. Stewart), Canadian Psychiatric Association Journal, 20: 47-53, 1975.
16. Objectives and Priorities in Child Psychiatry Training - or "Somethin' Is Happenin' But You Don't Know What It Is, Do You Mr. Jones?" in Proceedings of Laidlaw Foundation Workshop in Training in Child Psychiatry in Canada.
17. The Mythology of Contemporary Youth, Canadian Medical Association Journal, 113:501-504, September 1975.
18. Drug Abuse Complicating Injury - Chapter 13 in Care for the Injured Child, R. Slater, Ed., Williams and Wilkins, New York, p.p. 394-400.
19. Adolescents and the Drug Scene, in Introduction to Child Psychiatry, Q.Rae-Grant and P.D. Steinhauer, Ed., MacMillan and Company, Toronto 1977.
20. Youth and Contemporary Religious Movements: A Study of Psychological and Social Implications (with N. Salter), Canadian Psychiatric Association Journal, 21: 4118420, 1976. Reprinted in Psychiatric Spectator, December 1976.
21. Fringe Religions: Data and Dilemmas, Adolescent Psychiatry 41: 75-89, University of Chicago Press, 1978.
22. Youth and Alcohol (Chapter 7) Royal Life Saving Society, Toronto, December 1977.
23. Tomorrow's Children: Future of Children's Mental Health Services, Thistletown Manifesto, Can. Mental Health Association, Toronto, 1978.
24. The Child In The City, Volume II - Changes and Challenges, Ed: W. Michelson, S. Levine, A.R. Spina, University of Toronto Press, Toronto/Buffalo, 1978.
25. The Role of Beliefs in Adolescents - Chapter in Volume II of Child in the City (see above.)
26. Adolescents, Believing and Belonging, Adolescent Psychiatry, Volume II: 41-53, University of Chicago Press, 1979.

27. Editorial for Reaction, Canadian Mental Health Association, February 1979.
28. Adolescents in Cults and the Role of Physicians, Transitions, 4, San Francisco, March 1979.
29. The Role of Psychiatrists in the Phenomenon of Cults, Canadian Psychiatric Association, Canadian J. of Psychiatry, 24:7, 593-603, November 1979.
30. The Psychological and Social Effects of Youth Unemployment, Adolescent Psychiatry, Volume X: 24-40, University of Chicago Press, 1982. Reprinted in: (1) Children Today (U.S. Department of Health, Education, Welfare, 8(6): 6-9, December 1979, Washington, D.C., (abridged). (2) U.S. Department of Labor Update, 1980. (3) Chroniclae Guidance Publications, December 1980.
31. Alienated Youth, Sydney Israel Memorial Lectures, University of British Columbia Press, Vancouver, B.C., December 1979.
32. Youth and Religious Cults: A Societal and Clinical Dilemma, Adolescent Psychiatry, Volume VI: 75-89, University of Chicago Press, 1978.
33. Report on Physical and Mental Health Aspect of Religious Cults and Mind Development Groups, in Mind Development Groups, Sects and Cults in Ontario, Government of Ontario, pp. 666-738, 1980.
34. Plea for a Proper Perspective, Jerusalem Post and Ma'ariv, July 1980, Israel.
35. Cults and Mental Health: Clinical Conclusions, Canadian Journal of Psychiatry, Volume 26: 534-539, 1981.
36. The Anxieties of Adolescents, Journal of Adolescent Health Care, 2: 133-137, December 1981.
37. Alienation As An Affect in Adolescents, Chapter 5 in the Adolescent and Mood Disturbance, International Universities Press, New York 1982.
38. Common Psychiatric Problems of Adolescents, Medicine North America, 34:3240-3246, April, 1983.
39. Adolescence, Chapter in A Method of Psychiatry, Ed. Greben Stanley et al, Lea and Febiger,New York 1983.
40. Efficacy of Sex Education, Child in the City, Monograph, 1983.
41. The Role of the Mental Health Expert Witness in Family Law Disputes. (i) Canadian Journal of Psychiatry, Volume 28:255-258, June 1983. (ii) Family Law Dimensions, Proceedings of Canadian Institute on Family, Vancouver. (iii) Chapter in Family Law Dimensions of Justice, Eds. Rosalie S. Abella and Claire L'Heureaux-Dabe: Toronto. Butterworths, pp.129-135, June 1983.
42. Alienated Jewish Youth and Religious Seminaries: An Alternative to Cults? Chapter in Psychodynamic Perspectives on Religion, Sect and Cult, Halperin, David A., John Wright-P.S.G. Boston, August 1983.
43. Alienated Jewish Youth and Religious Seminaries: (Yeshivoth). Adolescence,Volume XIX (73): 183-199, Libra Publishers, Inc., Spring 1984.
44. Disorders Commonly Appearing First During Adolescence, Chapter in Psychological Problems of the Child in the Family: Steinhauer, P.D., and Rae- Grant, Q., Eds., Basic Books, N.Y. 1983.
45. Alternative Family Life Styles, Chapter in Psychological Problems of the Child in the Family: Steinhauer, P.D. and Rae-Grant, Q., Eds., Basic Books, N.Y.,1983.
46. Book: Radical Departures: Desperate Detours to Growing Up. Harcourt Brace Jovanovich, San Diego, California, August 1984. (i) Abstracted in Proceedings of

the World Congress of Social Psychiatry, Osaka, Japan, September 1983. (ii) Excerpted in Psychology Today, pp. 20-27, August 1984. (iii) Excerpted in Sociology 1985-86. (iv) Excerpted in Human Development 1985-86. (v) Excerpted in Personal Growth and Behavior 1985-86.

47. Who Should Do Psychotherapy? 1985. American Journal of Social Psychiatry, Volume V, No, I Pages 60-65.
48. Belief and Belonging in Adult Fads. Perspectives in Psychiatry, Vol. 3, No. 8, October 1984.
49. Religious Strife in Israel and Youthful Idealism Abroad, Middle East Focus, Vol. 7 No., 6, March 1985.
50. Growing Up: The Developmental Challenges of Leaving Home, Journal of Child Care - Summer 1986, Pages 29-36.
51. Book: Dear Doctor. Written with Dr. K. Wilcox. Kids Can Press, Toronto 1986. Published by Lathrop Lee (Morrow), New York, 1987. Winner of "Honour Book" Award of Children's Literature Roundtable, December 1987.
52. Needs of Contemporary Youth. Canadian Jewish News. June 1986.
53. Psychiatric Care of Adolescents, Psychiatry in Canada, Summer 1986, Pages 31-33.
54. The Myths and Needs of Contemporary Youth, Annals of the American Society for Adolescent Psychiatry, Vol. 14 Pages 48-62, 1987. International Annals of Adolescent Psychiatry, October, 1988.
55. Book: Tell Me It's Only A Phase, Prentice Hall, Toronto, August 1987.
56. The Turbulent Teen Years. Forum Magazine for School Educators. Vol. 14 #2, May/June 1988 Pages 43-38.
57. Life in the Cults, Chapter in Cults and New Religious Movements, American Psychiatric Association, Ed. Marc Galanter,1990.
58. Newspaper Articles on Drug Abuse, Free Trade, Antisocial Behavior, Political Idealism, etc.
59. Cults Revisited: Corporate and Quasi-Therapeutic Cooptation. Volume 18, Adolescent Psychiatry, September 1991.
60. Book: Phoenix From the Ashes: Rebuilding Shattered Lives, Key Porter Books, April 1992.
61. Round Table Discussion on Substance Abuse, World Health Organization Journal, June 1992.
62. "Chaos, Cosmology, Belief, and Belonging: Different Ways to Cut the Pie", Solicited Discussion Paper in Advances, The Journal of Mind-Body Health, Vol.11, No. 2, Spring 1995.
63. "Our Youth..." an original poem published J. Am. Acad. Child Adolesc. Psychiatry, 33:9, November/December 1995.
64. Review of "Aggression and Psychosomatic Symptoms in Juvenile Male Criminals: Two Sides of the Coin of Behavioral Response to Frustration?" J. of Psychosomatic Medicine, November 1996.
65. "The Development of Wickedness—From Whence Does Evil Stem?", in Psychiatric Annals, 27:9, pp 617-623, September 1997.
66. "Best Practices in Healthcare Design: Surviving & Thriving in Turbulent Times—Design as an Essential and Strategic Investment," D. Burt, S. Levine, MD, etal, in Journal of Healthcare Design, Vol. X, pp 39-45, September 1998.

67. Invited Discussion of Challenging Case, Journal of Developmental and Behavioral Pediatrics, 1998.
68. "Youth in Terroristic Groups, Gangs, and Cults: The Allure, the Animus, and the Alienation," in Psychiatric Annals, Vol. 29:6, pp 342-349, June 1999.
69. "Randomized Controlled Trial of Yogic Meditation Techniques for Patients with Obsessive Compulsive Disorders," Shannahoff-Khalsa DS, Ray LE, Levine S, Gallen CC, Schwartz BJ, Sidorowich JJ, in CNS Spectrums: The International Journal of Neuropsychiatric Medicine, 4:12, pp.34-47, December 1999 .
70. "Heartbeat (Wraparound Program): Efficacy and Implications of Wraparound Child and Adolescent Mental Health Services," prepared for San Diego County Board of Supervisors, 1999.
71. "The Tao and Talmud of Adolescence and Young Adulthood: Being, Belonging, Believing, Benevolence," Adolescent Psychiatry, The Annals of the American Society for Adolescent Psychiatry, Vol. 25, pp 45-58, The Analytic Press, 2000.
72. "Informed Consent of Minors in Crucial, Critical Health Care Decisions," in Adolescent Psychiatry, The Annals of American Society of Adolescent Psychiatry, Vol. 25, pp 203-217, The Analytic Press, 2000
73. Letter to New York Times, forthcoming book by William Safire, Collection of Letters.
74. Book: (With Heather Wood Ion) Against Terrible Odds: Lessons in Resilience From Our Children, Bull Publishing Company, Palo Alto, CA, 2002.
75. "Juveniles In Gangs," with George Montoya, M.F.T., in *Handbook of Juvenile Forensic Psychology,* Neil G. Ribner, PhD, Editor, 1st Edition, Jossey-Bass, San Francisco, pp 29-43, 2002.
76. "Lessons in Resilience from our Children," in Bouncing Back section of *Prevention* Magazine, pp 17 – 19, June 2002.
77. "Self-Deceptions and Misconceptions of Psychiatrists, Psychologists, and Other Mental Health Professionals," J. Adol. Psychiatry, Vol. 22, pp 325-343, 2003.
78. "Psychological and Social Aspects of Resilience: A Synthesis of Risks and Resources," Dialogues in Clinical Neuroscience, Vol. 5, No. 3, pp 187-194, 2003.
79. Poem with Dr. Ann Garland, "The Slippery Slope of Managed Health Care" in The Human Condition, pp 38, May 2004

Op-Ed Pieces:

"On Guns and Health Care, the U.S. Caves in to Force" - 1993
"Event of the Day" - 1993
"Koresh-Jones-Manson: What do we do?" - 1993
"Lessons for the Rest of Us from the Earthquake" - 1994
"Managed Care" - 1994
"Resilience and the Exoneration Virus" - 1994
"Racism Within Us" - 1995
"Hateful Words Lead to Hurtful Deeds" - 1995
"Managed Care--So Far, the Cure is Worse than the Disease" – 1995
"The O.J. Verdict: Two Solitudes, Revisited" – 1995
"Teen Violence" – 1996
" Cigarettes and Psychopathology in Adolescents" – 1997

"Personal Therapy for Schizophrenics Post-Discharge" – 1997
"Cults, Updated" – 1997
"Whither Psychiatry" - 1997
"The Prevalence of Violence in All Our Lives" – 1997
"A Positive View of Our Youth" – 1997
"Terror in Our Schools" - 1998
"Canadian vs. American Health Care: A No-Brainer"- 1998
"The Slippery Slope of Health Care" - 1998
"Who Are Those Terrible Drug Users?" – 1998
"Who is to Blame for Terror in Our Schools?" - 1999
"Actions that are Righteous, Justified Always Needed" - 2001

RESEARCH:

- Co-Principal Investigator, Brief Psychotherapy with Children, 1970
- Co-Principal Investigator, Urban Child and Adolescent Psychiatric Emergencies, 1971
- Principal Investigator, Study on Amphetamine Users, 1972
- Principal Investigator, Studies on Draft Dodgers, Canada, 1972, 1974
- Principal Investigator, Study on Urban Communes, 1977
- Principal Investigator, Studies on Youth and Religious Cults, 1978, 1979, 1980
- Principal Investigator, Study on Yeshiva Youth Members in Israel, 1981
- Co-Principal Investigator, Patterns of Care (Richard Hough, PhD, Principal Investigator)
- Co-Principal Investigator, Child and Adolescent Services Research Center (John Landsverk, PhD, Principal Investigator)
- Associate Director, Child & Adolescent Services Research Center, NIMH, Children's Hospital, San Diego.
- Patterns of Youth Mental Health Care in Public Service Systems, Associate Investigator with Richard Hough, Ph.D., funded by National Institute of Mental Health, 1995-2000 ($8,049,380)
- Clinical Trial Study on Obsessive-Compulsive Disorder (OCD) from SmithKline Beecham Pharmaceuticals, Co-Principal Investigator, University of California, San Diego, December 1996-March 1998 ($150,000).
- Clinical Trial Study on Attention Deficit Hyperactive Disorder (ADHD) from Circa Pharmaceuticals, Inc., Co-Principal Investigator, University of California, San Diego, June 1999-December 2001.

PAST PROFESSIONAL ACTIVITIES:

- Head, Department of Psychiatry, Sunnybrook Health Science Center, 1981-1991.
- Clinician, Medical Advisory Committee, Sunnybrook Health Science Center, 1987-1989.
- Member, Department of Psychiatry Executive, University of Toronto.

- Member, Department of Psychiatry Chairman's Advisory Committee, University of Toronto.
- Member, Medical Advisory Committee, Sunnybrook Health Science Center.
- Director of Adolescent Services, Department of Psychiatry, Hospital for Sick Children, Toronto 1980-81.
- Chairman, Adolescent Psychiatry Elective, University of Toronto 1977-1981.
- Associate Director, Child in the City Project, University of Toronto 1977-1981.
- Member, Committee on Adolescence, Canadian Pediatric Society, 1971-79.
- Board of Directors, Bialik Hebrew Day School, Toronto 1977-79.
- Board of Directors, Tri-Aid House, Toronto, 1976-79.
- Psychiatric Consultant, Eikos Treatment Environments, Boston, Mass.
- Psychiatric Consultant, Ministry of Human Resources, British Columbia, 1983.
- Consulting Advisor to Secretary of State for International Youth Year, 1985.
- Senior Advisor, Social Trends Analysis Directorate, 1985-87.
- Psychiatric Consultant, Elan Treatment Center, Elan, Maine, 1976-79.
- Board of Directors, Children's Storefront, Toronto, 1976-79.
- Advisor, Vandalism Task Force, Government of Ontario, 1979. - Board of Directors , Ontario Psychiatric Association, 1976-79.
- Board of Directors, Central Toronto Youth Services, 1974-78.
- Psychiatric Consultant, Family Law Section, Law Reform Commission, Government of Canada, Ottawa, 1974-76.
- Psychiatric Consultant, Ferguson Therapeutic Farm, 1972-76.
- Psychiatrist, Grace-Dundas (Portuguese) Neighborhood Health Center, 1972-76.
- Psychiatric Consultant, Ambulatory Pediatrics, Hospital for Sick Children, 1973-76.
- Director of Sioux Lookout Indian Project, Department of Psychiatry, University of Toronto and Department of Health and Welfare, Government of Canada, 1971-76.
- Associate Professor, Department of Psychology, University of Toronto, 1972-76.
- Consultant, Camp Woodent Acres, Montreal, Quebec, 1974.
- Regular Columnist ("Headguide"), Miss Chatelaine Magazine, 1971-77.
- Regular Weekly T.V. Program ("Help"), City-TV, Toronto, 1974-75.
- Director, Mental Health Clinic, Hospital for Sick Children, Toronto, 1969-75.
- Board of Directors, Toronto Free Clinic, 1969-1973.
- Assistant Professor, Department of Psychiatry, University of Toronto, 1971-72.
- Psychiatric Consultant, International Foundation for Child Health, April to May 1968.
- Psychiatric Consultant, California Youth Authority, 1967-68.
- Psychiatric Consultant and Site Visitor, Babcock Foundation, California, 1967.
- Psychiatric Consultant, Ravenswood School District, California, 1966-68.
- Instructor, Department of Child Psychiatry, Stanford University School of Medicine 1967-68.
- Internship, Jewish General Hospital, Montreal, Quebec, 1963-64.
- Head Counsellor, Leawood Children's Camp, 1961-62.
- Past Board of Directors, Children's Museum Charter School
- Past Counselor, American Association of Social Psychiatry

BARENT P. MYNDERSE, LCSW, MBA
3020 Children's Way (M.C. #5018)
San Diego, Ca. 92123
(858) 494-7559

EDUCATION / CREDENTIALS

March 2000 — Master's of Business Administration in Health Care Management
University of Phoenix
San Diego, California

October 1977 — Clinical Social Work License #LCS-6194

June 1974 — Master's in Social Work
San Diego State University
San Diego, California

June 1970 — B.A.: Cultural Anthropology
University of California at Santa Barbara
Santa Barbara, California

EMPLOYMENT

January 1994 - Present — Children's Psychiatry Department
Children's Hospital and Health Center, San Diego

Position: Director
Duties: Administer the Department of Psychiatry of Children's Hospital and Health Center. Manage a $5.4 million Budget and Staffing of a multi-site/multi-disciplinary outpatient program, and Consult/ Liaison program. Includes budgeting, staffing, program development, and contracting.

March 1997 - Dec 1998: Concurrently administered both CHHC Psychiatry Dept and UCSD Child and Adolescent Psychiatric Services (CAPS) Inpatient Hospital. At CAPS, provided business and facility management, budgeting, and program leadership for a free-standing 30 bed psychiatric inpatient hospital with a $4.2 million budget.

November 1984 - Jan 1994 — Children's Outpatient Psychiatry Dept.
Children's Hospital and Health Center, San Diego

Position: Clinic Supervisor
Duties: Provide direct psychotherapy to children, adolescents, and

their families. Provide community services to general population and agencies via consultation. Provide clinical supervision to permanent staff and interns.

Administer and coordinate the development and operation of a multidisciplinary clinical program. Develop new programs to enhance and expand clinical services. Develop, manage, and control the fiscal budget. Responsible for management of clinic's fiscal budget. Responsible for personnel management of clinical staff, multi-disciplinary training program, and representation of the Psychiatry Dept. in the community.

March 1977 - Nov. 1984 Child Guidance Clinic of Escondido Children's Hospital and Health Center, San Diego

Position: Clinic Manager
Duties: Manage program and fiscal services for a community psychiatric outpatient clinic. Provide direct clinical services to children, adolescents, and families, via individual, family, and group therapy. Provide clinical and program consultation and supervision to community agencies.

Nov. 1975 - March 1977 Child Guidance Clinic of San Diego Children's Hospital and Health Center, San Diego

Position: Psychiatric Social Worker II
Duties: Provide direct clinical services to children, adolescents, and families, via individual, family, and group therapy. Supervise interns and residents in their child and adolescent rotations.

July 1974 - Nov. 1975 Medical Social Services Department Children's Hospital and Health Center of San Diego

Position: Medical Social Worker (Bilingual)
Duties: Provide psychosocial evaluation and therapy for families (English and Spanish speaking) whose children had acute medical illnesses, severe disabilities, and terminal diseases. This position encompassed treatment of children, adolescent, and their families, as well as case management intervention with immigration, employers, schools, and community agencies.

PROFESSIONAL AFFILIATIONS

Feb 2002 – Dec 2004 Children, Youth, and Family Network (CYFN): Chief Financial Officer, Board of Directors

June 2000 - Jan 2002	Children, Youth, and Family Network (CYFN): Secretary, Board of Directors
Jan 2000 - present	Mental Health Contractor's Association of San Diego County, Member
Dec 1997 - Dec 1999	President, Mental Health Contractor's Association of San Diego County
June 1991 - May 1999	Casey Family Program: Advisory Board Member
Jan 1985 - June 1993	Central Regional Planning Committee of the San Diego County Mental Health Advisory Board: Committee Member
Oct 1987 - Oct 1989	Minority Mental Health Coalition: Co-chair and Member
March 1985 - Sept 1987	County Mental Health Minority Task Force: Member
April 1977 - Dec 1984	North Inland Regional Planning Committee of the San Diego County Mental Health Advisory Board: Chairperson, Vice-chair, and Member

Marjorie Peck

Current Position:
Vice President, Patient Services and Nurse Executive
Children's Hospital and Health Center
MC 5058
3020 Children's Way
San Diego CA 92123
858-966-8029

Licensure:
Registered Nurse, CA (H- 190258)
Registered Nurse, UT (22007-1201-9)
California Public Health Certification

Education

Degree	Institution
PhD	University of Utah, Salt Lake City, UT (Management & Administration)
MSN	University of California at San-Francisco, San Francisco, CA (Family Health Care Nursing, Children at Risk for Developmental Disabilities)
BS	San Diego State University, San Diego, CA (Nursing)

Work History/Experience

Dates	Position/ Institution
6/01 – present	Vice President, Patient Services and Nurse Executive Children's Hospital and Health Center MC 5058 3020 Children's Way San Diego CA 92123
7/99-6/01	Dean and Associate Professor St. Marks-Westminster School of Nursing Westminster College 1840 South 1300 East Salt Lake City UT 84105
7/97-6/99	Associate Professor (Clinical) (full-time), University of Utah College of Nursing Salt Lake City, UT Director, Masters Program in Patient Care Services Administrations Coordinator, Undergraduate Pediatrics

1/98-6/99	Manager (contracted for 20% time through the College of Nursing), Health Services for Region III Youth Corrections Facilities (Salt Lake Valley) Developed and managed health services for three youth corrections facilities.
1/97-6/97	Associate Professor (Clinical) (part-time, 10%), University of Utah College of Nursing, Salt Lake City, UT
1/96-6/97	Nurse Executive /Operating Officer; Responsible for Nursing Practice, Women's Service, Work Redesign, Psychiatric Services, Case Management; Salt Lake Valley Health Services (Alta View, Cottonwood, and LDS Hospitals); Salt Lake City, UT Administered services (operations, contracts, staffing, budgets for service lines).
12/89-12/95	Nurse Executive/Assistant Administrator. Responsible for Nursing Services, Women's Services, Trauma and Emergency Services; Salt Lake Valley Health Services (Alta View, Cottonwood, and LDS Hospitals); Salt Lake City, UT
8-12/89	Nurse Executive/ Assistant Administrator. Responsible for Nursing Services & Women's Services, LDS Hospital, Salt Lake City, UT
1989-96	Adjunct Faculty, University of Utah College of Nursing, Salt Lake City, UT
5/88-8/89	Director, Medical/Surgical Nursing, LDS Hospital, Salt Lake City, UT
1/87-5/88	Vice President/COO, Community Nursing Service, Salt Lake City, UT
4-12/86	Quality Assurance Coordinator & Pediatric Program Planner, Community Nursing Service, Salt Lake City, UT
4/84-4/85	Clinical Specialist and Department Manager for Pediatrics, University of Utah Medical Center, Salt Lake City, UT
1984-86	Clinical Assistant Professor, University of Utah College of Nursing, Salt Lake City, UT
1982-83	Director of Programs and Staff Development for Nursing and Patient Services, Children's Hospital, San Diego, CA
1979-82	Head Nurse, Neonatal Intensive Care Unit, Children's Hospital, San Diego, CA
1978-79	Coordinator, Nursing Inservice Education, Children's Hospital, San Diego, CA
1977-1979	Home Visitor, Visually Impaired Infants Program, Children's Hospital, San Diego, CA

1977	Clinical Instructor (part-time), San Diego State University School of Nursing, San Diego, CA
1973-78	Continuity of Care Coordinator, Children's Hospital, San Diego, CA
1971-73	Staff Nurse, Charge Nurse, Pediatric Rehabilitation, Children's Hospital; San Diego, CA

Honors/Prizes/Awards

Distinguished Alumni Award, University of Utah, College of Nursing, 2000
Theron Godfrey Manager of Distinction Award, Intermountain Health Care, 1995
Excellence in Administrative Leadership in Nursing, Utah Nurses Association, 1993
Dean's List, University of Utah, 1983-84, 1984-85, 1985-86, 1987-88
"In Recognition of Outstanding Contribution as an Academician and Clinical Facilitator for Students in the Professional Practice of Nursing", San Diego State University, 1980

Special Project
Working with Children's Hospital of Los Angeles and Education staff of Children's Hospital San Diego launched the RN Residency Program for newly graduated nurses at Children's Hospital, San Diego in 2003

Areas of Specialization
Nursing management, administration, pediatric nursing, care of children at risk for developmental delay, patient care delivery model design

Current and Past Areas of Teaching Responsibilty
Health policy, change management, patient care services administration, budget and finance, quality improvement, leadership, pediatrics, and communication

Publications

Books (or chapters in books)

Peck, M., Christensen, J., & Fosbinder, D. (1998). On the road to improvement in patient care: Utah's healing web partnership. In E. Cohen & V. DeBeck (Eds.), Outcomes through partnerships. St. Louis: Mosby.

Peck, M. (1987). Cystic fibrosis. In S. L. Sims & D. L. Boland (Eds.), Pathophysiology Case Studies. St. Louis: Mosby.

Peck, M. (1981). Blindness/vision changes. In J. A. Fox (Ed.), Primary Health Care of The Young. New York: McGraw-Ell.

Peck, M. (1979). Mom and Dad I Can Come Home Now. San Diego: Children's Hospital and Health Center.

Journal Publications

Peck, M., Nelson, N., Buxton, R., Dahle, M., Rosebrock, B., & Ashton, C. (1997). On the scene-LDS hospital, a facility of Intermountain Health Care, Salt Lake City, UT. Nursing Administration Quarterly. 21(3), 29-49.

3. Manuscript Reviews

Chapter review: "Making Change in Health Care Systems," Sage Publications

4. Editorial Boards

Editorial Advisor, JONA, 1996 - present

5. Other

Contributor: T. Porter-OGrady, Ed., The nurse manager's problem solver, St, Louis, Mosby.

Invited Speeches/Presentations

Mo/Yr	Title, Sponsor
3/00	"Is Research a Form of Nursing Practice?" BYU, Research Conference (3/13/00)
5/99	"Crossing The Boundaries: What are Appropriate Professional Boundaries?" Primary Children's Medical Center (5/11 and 5/13/99)
4/99	Importance of Obtaining and Documenting Accurate and Concise Clinical Assessment- Information. 4/28/99 IHC Home Care Keynote for the 1999 Clinical Excellence Education Program. Salt Lake City, UT
10/98	"Story of the Utah Healing Web," Second National Healing Web Conference, Park City, UT
10/98	Group Co-leader: "Implementation of Differentiated Practice and A Healing Web Philosophy," Second National Healing Web Conference, Park City, UT
5/98	Panel Member Presentation: "Will the New Work Elite Change the Way We Educate the Workforce?" Spring UONL Meeting, Salt Lake City, UT
9/97	"Health Care Environment and Nursing's Role," Medical Surgical Nursing Conference for IHCs Urban Central Region, Salt Lake City, UT
10/96	"Re-engineering and CQI-Friend, Foe, or One and the Same," LDS Hospital Critical Care Quality Conference, Park City, UT
1996	"Issues in Professional Nursing Practice," Salt Lake Valley Hospitals Medical Surgical Nursing Conference, Salt Lake City, UT
11/95	"Merging Clinical and Financial Outcomes," AONE Conference on The New Economic Realities of Health Care Delivery, Houston, TX
4/95	"Outcomes-Based Management of Patient Care Delivery Systems," AONE Annual Meeting, Seattle,-WA
5/95	"Utah Healing Web Project-Is There Return on Investment?" WIN/WISRN, San Diego, CA

Professional Organizations/ Memberships

1. Local/State

ACNL 2001 – present

Utah Organization of Nurse Administrators, 1990-1999 Past-President, 1996 President, 1995 President-Elect, 1994

Utah Math and Science Network, 1986-1998

Utah Nurses Association, 1983-1998, 2000 -2001
Task Force on Nursing Practice Act, 1996-97
Nursing Issues and Directions Task Force, 1995
Chair, Image Committee, 1990-92

Rocky Mountain Parish Nurse Ministries, 1999 to 2001
Secretary, 2000 - 2001

2. Regional

Western Institute for Nursing, 1990-2001

3. National

American Academy of Colleges of Nursing 1999 - 2001

Healing Web Partners (service and education teams from the states of SD, MT, UT, WI, MN), 1993-2000
American Nurses Association, 1983-1998, 2000 – 2001

Center for Nursing Leadership Charter Member, 1995-96, former Finance Committee Member, 1998 – 2002, Center Council Member, 1999-present

American Nurses Credentialing Center Commission on the Magnet Recognition Program
AONE Representative, 1995-1998

American Organization of Nurse Executives (AONE), 1989-1999, 2001 – 2003 ; Commission on Education, 1994-1997, Organizational Design Team, 1997-1998

4. International

Sigma Theta Tau International, 1985-present

Public Service

Camp Wapiti, Tooele, UT. Camp for children with medical disabilities
Board Member, 2000
Medical Education Commission, Utah Workforce, APRN/PA task force, 2000-2001

Rape Recovery Center, Salt Lake City, UT
Board Member, 1997-2001 Chair, 1999, 2000
Vice Chair, 1999

YWCA Nominations Committee Chair, 1998
Salt Lake Valley Hospitals Quality Council, 1990-97
LDS Hospital
Ethics Committee, 1989-97
Co-Chair, 1989-94
Utah Nursing Resources Task Force, 1989-1997
Deseret Foundation Research Committee, 1988-97
Utah Math and Science Network
Expanding Your Horizons Conference, 1988-91; 1993-94; 1996
St. Joseph's Villa
Advisory Committee for Apartments for Low-income Individuals with AIDS, 1988-91

CURRICULUM VITAE

GABRIELLE M. CERDA, M.D.

Department of Psychiatry
UC San Diego School of Medicine
&
Children's Hospital and Health Center
3020 Children's Way, MC5018
San Diego, CA 92123-4282
(858) 966-5832x4600
(858) 966-6733 fax
gcerda@chsd.org

SPECIALTY CERTIFICATION/LICENSURE

2000	Diplomate, Child and Adolescent Psychiatry, American Board of Psychiatry and Neurology, Certificate# 4809
1999	Diplomate, Psychiatry, American Board of Psychiatry and Neurology, Certificate# 46049
1993	Physician and Surgeon License, Medical Board of California, #G76229
	Languages spoken: English and Spanish

HOSPITAL AND MEDICAL SCHOOL APPOINTMENTS

2000--present	Clinical Director, Children's Outpatient Psychiatry, Children's Hospital & Health Center, San Diego, CA. Clinical Director, Children's Outpatient Psychiatry, Children's Hospital & Health Center, San Diego, CA.
2000--present	Attending Psychiatrist, UC San Diego Medical Center, San Diego, CA.
2004--present	Associate Clinical Professor of Psychiatry, UC San Diego School of Medicine, San Diego, CA.
2000--2004	Assistant Clinical Professor of Psychiatry, UC San Diego School of Medicine, San Diego, CA.
1997--00	Assistant Clinical Professor of Psychiatry, UC Davis School of Medicine, Sacramento, CA.
1997--00	Attending Psychiatrist, UC Davis Medical Center, Sacramento, CA.
1997--00	Attending Psychiatrist, Shriners Hospital for Children, Sacramento, CA.

MEDICAL SCHOOL DUTIES AND TEACHING RESPONSIBILITIES

2002--	Guest Lecturer, University Link Medical Science Program, Undergraduate Students, UCSD School of Medicine.
2001--	Instructor of Record, Boards Preparation Course, First and Second Year Child & Adolescent Psychiatry Residents, Child & Adolescent Psychiatry Training Program, UCSD School of Medicine.
2001--	Instructor of Record, Clinical Case Conference Series, Children's Outpatient Psychiatry, First and Second Year Child & Adolescent Psychiatry Residents, Child & Adolescent Psychiatry Training Program, UCSD School of Medicine.
2001--	Instructor of Record, Introduction to Outpatient Psychiatry Course, First and Second Year Child & Adolescent Psychiatry Residents, Child & Adolescent Psychiatry Training Program, UCSD School of Medicine.
2001--	Instructor of Record, Quality Assurance Monitoring Course, Children's Outpatient Psychiatry, Second Year Child & Adolescent Psychiatry Residents, Child & Adolescent Psychiatry Training Program, UCSD School of Medicine.
2001--	Guest Lecturer, Psychiatry Clerkship, 3rd year Medical Students, UCSD School of Medicine.
2001--	Guest Lecturer, Social & Behavioral Sciences, Human Growth & Development, 1st year Medical Students, UCSD School of Medicine.

2000--01	Instructor of Record, Child & Adolescent Psychiatry Lecture Series, PGY2 General Psychiatry Residents, General Psychiatry Training Program, UCSD School of Medicine.
2000--	Instructor of Record, Therapeutic Interventions Course, First Year Child & Adolescent Psychiatry Residents, Child & Adolescent Psychiatry Training Program, UCSD School of Medicine.
2000--	Supervisor, First & Second Year Child & Adolescent Psychiatry Residents, Children's Outpatient Psychiatric Services, Children's Hospital and Health Center, San Diego, CA.
2000--	Supervisor, Marriage & Family Therapy trainees, Masters Social Work interns and Psychology interns & postdoctoral fellows, Children's Outpatient Psychiatric Services, Children's Hospital and Health Center, San Diego, CA.
2000—	Site Director, Children's Outpatient Psychiatry, First & Second Year Child & Adolescent Psychiatry Residents, Child & Adolescent Psychiatry Training Program, UCSD School of Medicine.
2000--	Interviewer, Selection Committee, UC San Diego, Department of Psychiatry
2000--	Examiner, Child & Adolescent Psychiatry Mock Oral Board Exam, First & Second Year Child & Adolescent Psychiatry Residents, Child & Adolescent Psychiatry Training Program, UCSD School of Medicine.
2000--	Member, Residency Education Committee (REC), Child & Adolescent Psychiatry Training Program, UCSD School of Medicine.
2000--	Member, Child & Adolescent Psychiatry Executive Committee, Department of Psychiatry, UCSD School of Medicine
2000--	Member, Psychiatry Faculty Committee, Department of Psychiatry, UCSD School of Medicine
2000--	Member, Cultural Diversity Committee, Department of Psychiatry, UCSD School of Medicine
1998--00	Clinical Supervisor, Clinica Tepati, UCD School of Medicine.
1998--00	Faculty Advisor, Chicano Medical Student Association, UCD School of Medicine.
1998--00	Faculty Advisor, Psychiatry Club, Department of Psychiatry, UC Davis Medical Center
1998--00	Interviewer, Admissions Committee, UC Davis School of Medicine,
1998--00	Small Group Leader, Psychiatry 403, Medical Student Psychiatry Clerkship, UCD School of Medicine
1998--00	Small Group Leader, Psychiatry 402, Medical Student Psychiatry Clerkship, UCD School of Medicine
1998	Small Group Leader, Psychiatry 401, Medical Student Psychiatry Clerkship, UCD School of Medicine
1998--00	Guest Interviewer, UCDMC Children's Outpatient Psychiatry Clinical Case Conference Series
1998--00	Lecturer, Psychiatry Crash Course for PGY-1 psychiatry residents, UCD
1998--00	Lecturer, Special Topics in Child Psychiatry for child and adolescent psychiatry fellows, UCD
1998--00	Lecturer, Cross Cultural Psychiatry Lecture Series for PGY-2 psychiatry residents, UCD
1998--00	Lecturer, Psychopharmacology Lecture Series for child and adolescent psychiatry residents, UCD
2000--	Clinical Director, Children's Outpatient Psychiatry, Children's Hospital & Health Center, San Diego, CA.
1997--00	Associate Medical Director, Children's Outpatient Psychiatric Services, UC Davis Medical Center, Sacramento, CA
1997--00	Site Director, Psychiatric Consultation-Liaison Service, Shriners Hospital for Children and UC Davis Medical Center, Sacramento, CA
1997--00	Supervisor, PGY-3 and PGY-4 psychiatry residents, Psychiatric Consultation-Liaison Service, Shriners Hospital for Children, and UC Davis Medical Center, Sacramento, CA
1997--00	Preceptor, Third and Fourth Year medical students, Psychiatric Consultation-Liaison Service, Shriners Hospital for Children, and UC Davis Medical Center, Sacramento, CA
1997--00	Supervisor, PGY-3 and PGY-4 psychiatry residents, and First and Second Year child psychiatry fellows, Children's Outpatient Psychiatric Services, UC Davis Medical Center, Sacramento, CA

1997--00	Supervisor, Social Services interns and Psychology interns, Children's Outpatient Psychiatric Services, UC Davis Medical Center, Sacramento, CA
1997—00	Guest Interviewer, Heritage Oaks Psychiatric Hospital Clinical Case Conference Series
1997—00	Guest Interviewer, UCDMC Psychiatry Consult-Liaison Clinical Case Conference Series
1997—00	Guest Interviewer, Sacramento County Mental Health Treatment Center Clinical Case Conference Series
1997—00	Guest Interviewer, Sacramento County Jail Mental Health Services Clinical Case Conference Series
1997--00	Guest Interviewer, UCDMC Children's Outpatient Psychiatry Clinical Case Conference Series
1997--00	Guest Faculty, Case Conference Series for Nursing Staff, Department of Surgery, Shriners Hospital, Sacramento CA
1997--00	Guest Lecturer, Noon Lecture Series, Department of Pediatrics, UC Davis Medical Center
1997--00	Lecturer, Psychiatry 430, Medical Student Psychiatry Clerkship, UCD School of Medicine.
1997--00	Lecturer, Consult-Liaison Noon Lecture Series, Department of Psychiatry, UC Davis Medical Center, Sacramento, CA.
1997--00	Lecturer, Introduction to Child Psychiatry Workshop for PGY-3 psychiatry residents
1997--00	Lecturer, Psychopharmacology Lecture Series for PGY-3 psychiatry residents
1997	Group Therapy Program Coordinator, Children's Outpatient Psychiatric Services, UC Davis Medical Center, Sacramento, CA.
1997—00	Interviewer, Selection Committee, UC Davis, Department of Psychiatry
1997—00	Faculty Advisor, First, Second, Third, and Fourth Year medical students
1997—00	Course Director, Fourth Year Psychiatry Elective, Shriners Hospital, Sacramento, CA.
1997--00	Examiner, Oral Exam, Psychiatry 430, Medical Student Psychiatry Clerkship, UCD School of Medicine
1997—00	Telepsychiatry consultant to Primary Care Network for Spanish-speaking patients, Department of Psychiatry, UCDMC.
1997--00	Member, Training Advisory Group (TAG), Department of Psychiatry, UCDMC
1997--00	Member, Clerkship Coordinating Committee, Psychiatry 403, Medical Student Psychiatry Clerkship, UCD School of Medicine.

PROFESSIONAL AWARDS

2002	UCSD Equal Opportunity/Affirmative Action & Diversity Award
2001	Director, Latino Mental Health Services Program, Children's Hospital & Health Center/ UCSD, Children's Mental Health Services Program of the Year Award, San Diego, CA
1998-2000	UC Davis Hispanic Center of Excellence Faculty Development Award, Sac, CA.

PROFESSIONAL ORGANIZATIONS

American Academy of Child & Adolescent Psychiatry
American Psychiatric Association

PROFESSIONAL ACTIVITIES

2003	Participant, UCSD National Center of Leadership in Academic Medicine (NCLAM) faculty development program, UCSD School of Medicine, La Jolla, CA.
2001--	Chair, Latino Mental Health Services Program Committee, Children's Hospital & Health Center, Dept of Psychiatry, San Diego, CA.
2001--	Consultant, Bi-National Advisory Committee, Office of the President, Children's Hospital & Health Center, San Diego, CA.
2001--	Psychiatric Consultant, Child and Adolescent Services Research Center (CASRC), Children's Hospital & Health Center, San Diego, CA.
2001--	Psychiatric Consultant, NAMI Advisory Board, San Diego, CA.
2001--	Member, Depression in Women Advisory Group, Children's Hospital & Health Center, San Diego, CA.

2001--	Member, Children Under Five Advisory Group, Children's Hospital & Health Center, San Diego, CA.
2001--	Member, Autism Intervention Advisory Group, Children's Hospital & Health Center, San Diego, CA.
2000--	Psychiatric Consultant, San Diego City Schools, San Diego, CA.
2000--	Clinical Director, Children's Outpatient Psychiatry, Children's Hospital & Health Center, San Diego, CA.
2000--	Member, Behavioral Health Council (BHC), Children's Hospital & Health Center, San Diego, CA.
2000--	Member, Program Operations Group (POG), Children's Hospital & Health Center, Dept of Psychiatry, San Diego, CA.
2000--	Member, Program Management Group (PMG), Children's Hospital & Health Center, Dept of Psychiatry, San Diego, CA.
2000--	Chair, Clinical Task Force Committee, Children's Hospital & Health Center, Dept of Psychiatry, San Diego, CA.
1998--00	Observer-Consultant of the Council on Children, Adolescents and their Families, American Psychiatric Association (APA)
1998--00	Research Faculty, National Research Center on Asian American Mental Health, UC Davis
1997--00	Director, Children's Psychiatric Consultation-Liaison Service, UC Davis Medical Center and Shriner's Hospital for Children, Sacramento, CA
1997--99	Associate Medical Director, Children's Outpatient Psychiatric Services, UC Davis Medical Center, Sacramento, CA.
1996--97	Staff Psychiatrist, Children's Services, Kern County Mental Health, Bakersfield CA
1996--97	Staff Psychiatrist, Desert Counseling Clinic, Bakersfield CA
1994--96	Psychiatrist, Private Practice, San Diego CA
1994--95	Staff Psychiatrist, Alvarado Parkway Institute, La Mesa CA
1994--94	Staff Psychiatrist, UC San Diego Outpatient Psychiatric Services, San Diego CA
1993--95	Associate Medical Director, Aurora Hispanic Mental Health Clinic, San Diego CA
1989--95	Cerda GM, Managing Editor, Clinical Psychiatry Quarterly.

CONTRACTS & GRANTS

Title: Children of Depressed Mothers STAR*D Agency: NIH/Columbia University
Total Award: Period: 5 years, begin 9/1/02; current contract 7/1/03—6/30/04.
Role: PI

COMMUNITY SERVICE

2003	Psychiatric Consultant, Latino Youth Mental Health Video Project, sponsored by San Diego County Children's Mental Health Services & other community agencies.
2003--	Guest Discussant, Morones En La Tarde K1040, Mental Health Community Information Radio Program.
2001--	Member, NAMI Advisory Board

JOURNAL ARTICLES

Cerda GM, Zatzick D, Wise M, and Greenhalgh D. Computerized registry recording of psychiatric disorders of pediatric patients with burns. J Burn Care Rehabil. 2000 Jul-Aug;21(4):368-70.

Cerda GM, Hilty DM, Hales RE and Nesbitt TS. "Use of Telemedicine with Ethnic Groups" (letter). Psychiatric Services. 50:1364, 1999.

Cerda GM, BL Parry. The effects of light therapy on symptoms of depression, anxiety, hibernation in patients with premenstrual syndrome. Journal of Women's Health, Winter, 1993.

Weissman MM, Pilowsky DJ, Wickramaratne PJ, Talati A, Wisniewski SR, Fava M, Hughes CW, Garber J, Malloy E, King CA, Cerda G, et al. Remissions in Matemal Depression and Child Psychopatholgy, A STAR*D-Child Report, *Journal of the American Medical Association*, 2006;295(12):1389-1398.

BOOK CHAPTERS

Wise MG, Hilty DM, Leamon MH, Cerda GM: "Delirium (Confusional States)", in Textbook of Consultation-Liaison Psychiatry, 2nd Edition. Eds. Rundell JR, Wise MG. Washington, DC: American Psychiatric Press, 2002, pp 257-272.

ABSTRACTS AND PRESENTATIONS

2004 Cerda, GM. Mental Illness in Our Families, Homes and Community **jewish community services,** San Diego, CA, **June 14.**

2003 Cerda, GM. **child maltreatment conference, psychopharm of ptsd, Spanish,** San Diego, CA,

2003 Cerda, GM. Depression in Children & Adolescents, Latino Youth Mental Health Video Committee, San Diego County Children's Mental Health Services San Diego, CA, June 25.

2003 Cerda, GM. Anxiety & Depression in Children & Adolescents, Children's Pediatric Medical Group, Quarterly Meeting, San Diego, CA, May 5.

2003 Cerda GM, Aguirre A, Lozada-Garcia R. Mental Health Services in San Diego County. Fiesta Educativa Annual Conference, San Diego, CA, April 5.

2003 Cerda, GM. Maternal Depression & Its Effects on Children, NAMI Monthly Meeting, San Diego, CA, March 17.

2003 Cerda, GM. Maternal Depression & Its Effects on Children, Children's Pediatric Medical Group, Quarterly Meeting, San Diego, CA, March 10.

2002 Cerda GM. Adolescent Depression and Suicide. Twenty-First Bi-National Pediatric Conference, Tijuana, Baja California, Mexico, December 7.

2002 Cerda GM. Mental Health Care and Latino Youth: What Are We Missing? Children's Hospital & Health Center Department of Psychiatry, Child & Adolescent Psychiatry Grand Rounds, San Diego CA, December 6.

2002 Cerda, GM. Latino Mental Health Services Program at Children's Hospital & UCSD, Poster Presentation, Meeting of the Minds Annual Mental Health Conference, San Diego CA, October 17.

2002 Cerda, GM. Preventing Violence in a Multicultural World. California Association of Marriage & Family Therapists (CAMFT), Annual Meeting, San Diego CA, September 21.

2002 Cerda GM. Maternal Depression: What Are We Missing? UCSD Department of Psychiatry, Child & Adolescent Psychiatry Grand Rounds, San Diego CA, April 26.

2001 Cerda GM. Aggressive Behavior in Youth: An Ethical Dilemma. UCSD Department of Psychiatry, Child & Adolescent Psychiatry Grand Rounds, San Diego CA, Jan 12.

2001 Cerda GM. ADHD in Children. Ladies Auxilliary, Children's Hospital & Health Center, San Diego CA, March 28.

2000 Cerda GM. Barriers to Mental Health Services Among Latino Youth. Children's Hospital & Health Center Department of Psychiatry, All-Staff Meeting, San Diego CA, September 18.

2000 Cerda GM. Managing Problem Behaviors in Children, San Diego City Schools Teacher Workshop, San Diego CA, August 5.

2000 Cerda GM. Barriers to Psychiatric Care Among Latino Youth. Children's Hospital & Health Center Department of Neurology, Pediatric Neurology Grand Rounds, San Diego CA, April 10.

1999 Cerda, GM. Oral examination of medical students on CLS clerkships. Academy of Psychosomatic Medicine 46th Annual Meeting, New Orleans, November 19.

1999 Cerda, GM. Beyond language: Barriers to psychiatric care of Mexican-Americans. UCSD Department of Psychiatry, Child & Adolescent Psychiatry Grand Rounds, San Diego CA. September10.

1999 Cerda, GM. Evaluation of children with behavior problems. UCD Department of Family Medicine Grand Rounds, August 31.

1999 Cerda, GM. Latino health issues in the practice of clinical psychiatry. Cross Cultural Issues in Medicine Monthly Seminar Series, Hispanic Center of Excellence, UC Davis School of Medicine, Davis CA, May 6.

1999 Cerda, GM, Zatzick, D, Greenhalgh, D. The burn registry underestimates psychiatric diagnoses in children. American Burn Association (ABA) Annual Meeting, Orlando, FL, March 25.

1999 Cerda, GM. New perspectives regarding the care of the medically ill child. Twenty-Fifth Annual Midwinter Program in Continuing Medical Education For Psychiatrists, UC Davis Department of Psychiatry, Incline Village Nevada, January 29.

1997 Cerda, GM. Special issues in the psychiatric evaluation and treatment of Mexican-Americans. California Statewide Cultural Competence and Mental Health Summit V, Sacramento CA, November 4.

1996 Cerda GM. The role of religion in the treatment of a 16-year old girl with psychosis. UCSD Department of Psychiatry, Child & Adolescent Psychiatry Grand Rounds, San Diego CA, January 19.

1995 Cerda GM. Frida Kahlo: The woman, the legend and her art - A psychological perspective. UCSD Department of Psychiatry, Child & Adolescent Psychiatry Grand Rounds, San Diego CA, March 26.

1994 Cerda GM, M Bailey, K Immerman. Moonlighting: Steering a course between Scylla and Charybdis. APA's Institute on Hospital and Community Psychiatry Annual Meeting, San Diego CA, October 1.

1994 Cerda GM. A case history of a Mexican woman with post-traumatic stress disorder and implications for improving mental health service delivery to the Latino community. United States-Mexico Border Health Association, California-Baja California Binational Health Council, San Diego CA, April 22.

1990 Cerda GM. The effects of light therapy on specific symptoms in patients with premenstrual syndrome (poster). American Federal for Clinical Research Annual Meeting, Western Division, Neurosciences Subspecialty Session, Carmel CA, February 6.

1990 Cerda GM, BL Parry. The effects of light therapy on specific symptoms in patients with premenstrual syndrome. Clinical Research 38:218A.

1988 Cerda GM. The effects of light treatment in patients with premenstrual syndrome (slide 2000ation). Chicano Medical Student Association Statewide Conference, Los Angeles, CA, April 21.

GRADUATE MEDICAL EDUCATION

1995--96 Chief Fellow, Child & Adolescent Psychiatry, Department of Psychiatry, UC San Diego
1994--95 Fellow, Child & Adolescent Psychiatry, Department of Psychiatry, UC San Diego
1992--94 Resident, Psychiatry, Department of Psychiatry, UC San Diego
1991—92 Intern, Internal Medicine, Department of Medicine, UC Irvine

GRADUATE MEDICAL EDUCATION ACTIVITIES

1995--96 Resident Representative, Executive Committee, Regional Organization, American Academy of Child & Adolescent Psychiatry, San Diego CA

1995--96 Representative to Child & Adolescent Psychiatry Division, Graduate Education Committee, Department of Psychiatry, UC San Diego School of Medicine

1995—96 Resident Representative, Graduate Education Committee, Department of Psychiatry, Child & Adolescent Psychiatry Division, UC San Diego School of Medicine

1994--96 Supervisor to medical students, general psychiatry residents, child and adolescent psychiatry fellows, psychology interns, social work interns, marriage, family and child counselor interns, Department of Psychiatry, UC San Diego Medical Center and San Diego Children's Hospital.

1994--96 Liaison for California and Baja California mental health providers, United States-Mexico Border Health Association, California-Baja California Binational Health Council, Mental Health-Substance Abuse Subcommittee

1994--95 Liaison for Hispanic Caucus and Women's Caucus, American Psychiatric Association.

1994--95	Member/Workshop Coordinator, Program Committee, Institute on Hospital and Community Psychiatry, American Psychiatric Association
1993--94	Resident Class Representative, Graduate Education Committee, Department of Psychiatry, UC San Diego School of Medicine
1993--94	Founder/Coordinator, PGY-2 Psychiatry Residents Bi-Monthly Journal Club
1993--94	Member, Resident Selection Committee, Department of Psychiatry, UC San Diego School of Medicine
1993--94	PGY-3 Class Representative, Graduate Education Committee, Department of Psychiatry, UC San Diego School of Medicine
1993--94	Medical Consultant, Project: Double blind Parallel Comparison of Sertraline and Placebo in Patients with Premenstrual Dysphoric Disorder. Investigator: Barbara Parry, M.D.
1992—93	PGY-2 Class Representative, Graduate Education Committee, Department of Psychiatry, UC San Diego School of Medicine
1992--94	Supervisor to medical students, general psychiatry residents, psychology interns, social work interns, marriage, family and child counselor interns, Department of Psychiatry, UC San Diego Medical Center

GRADUATE MEDICAL EDUCATION HONORS

1995—96	Selected by faculty as Chief Fellow, Child & Adolescent Psychiatry, Department of Psychiatry, UC San Diego.
1994	American Psychiatric Association Mini-Fellowship. Provided funding for attendance at the 1994 APA Annual Meeting. Awarded on basis of academic performance in medical school and promise in Psychiatry. Mentors: Dr. Juan Mezzich and Dr. Xavier Castellanos.
1993	American Psychiatric Association Mini-Fellowship. Provided funding for attendance at the 1993 APA Annual Meeting. Awarded on basis of academic performance in medical school and promise in Psychiatry. Mentor: Dr. Juan Mezzich.

MEDICAL EDUCATION

1987-1991	M.D., University of California, San Diego School of Medicine, La Jolla CA

MEDICAL STUDENT ACTIVITIES

1988-1990	Medical Student Volunteer, Joan Kroc-Saint Vincent de Paul Shelter. Performed psychiatric evaluations of homeless with psychiatric illnesses, Supervisor: Rodrigo Munoz, M.D.
1988-1991	Organizer/Manager, Chicano Medical Student Association
1991	Coordinator, California Chicano/Latino Medical Student Association Annual Statewide Conference (Health Care and Politics in the Border Region), Expert Panel: Hispanic Mental Health, Psychiatric Epidemiology, Prevention Possibilities and Service Delivery
1991	Chair, Awards Banquet Committee, California Chicano/Latino Medical Student Association Annual Statewide Awards Banquet
1992	Organized and managed free health screenings and clinics in Tijuana, Mexico (Clinica de los Pobres, Pacha) and in Colonet, Mexico (Colonet Clinic)

MEDICAL STUDENT HONORS

1988	NIH-sponsored predoctoral traineeship at UC San Diego School of Medicine. Project: Effects of Bright Light Therapy on Specific Symptoms in Patients with Premenstrual Syndrome. Supervisor: Barbara L. Parry, M.D.
1988	Outstanding Minority Medical Student Scholarship. Awarded on basis of academic performance as an undergraduate at UC San Diego.
1990	San Diego National Charity League Scholarship. Awarded on basis of academic performance in medical school and volunteer work and research in Psychiatry.
1990	William T. Grant Behavior Development Research Fellowship. 1991 Fellow at Johns Hopkins School of Medicine in Baltimore, Maryland. Awarded to 5 U.S. medical students on a competitive basis. Limited to students interested in Psychiatry. Fellowship involved working with children in local schools.

1990 Western Student Medical Research Forum. Meritorious research award for poster presentation, "The Effects of Light Therapy on Specific Symptoms in Patients with Premenstrual Syndrome." Presented at the Annual Meeting of the American Federation for Clinical Research in Carmel, California.

1991 Psychiatric Association Mini-Fellowship. Provided funding for attendance at the 1991 APA Annual Meeting. Awarded on basis of academic performance in medical school American and promise in Psychiatry. Mentor: Dr. Juan Mezzich.

1991 Chicano Medical Student Association Award for Outstanding Service

UNDERGRADUATE EDUCATION

1982-1987 B.A., Psychology/Animal Physiology, University of California, San Diego, La Jolla CA

UNDERGRADUATE HONORS

1982-1987 Dean's List

4. Job Descriptions

CHILDREN'S HOSPITAL AND HEALTH CENTER
PERFORMANCE MANAGEMENT ASSESSMENT TOOL (PMAT)
PART I:

Employee Name (please print)

ADMINISTRATIVE ASSOCIATE B/B*
(B* position reports to VP or Director)

Payroll Title

Department/Team:

Introduction/Purpose:

This document contains your job description, competencies, expectations and the form which will be used to assess your performance and competency at least annually. The document also contains the "essential functions" of your job which will be used to determine whether or not reasonable accommodation is possible should you have a disability which might prevent you from performing all the functions of your position. Finally, this tool contains a performance improvement plan to document those actions you and your evaluator(s) determine are appropriate for the coming assessment period to continually improve your performance.

The purpose of this document is to inform you of your responsibilities and expectations of you as an employee in this position. It also provides a method to confirm the communication between you and your evaluator(s) about your performance in your job.

PART II: ESSENTIAL FUNCTIONS/PHYSICAL STANDARDS
Payroll Title: Administrative Associate
Department:

ESSENTIAL FUNCTIONS:

Ability to perform these essential functions will be used by the Occupational Health (OH&S) Physician, OH&S Manager and Department Manager to determine if reasonable accommodation is possible for a disabled employee protected by the Americans with Disabilities Act.

1. Receives hospital guests, ascertains their needs, and directs guests appropriately.

2. Screens telephone calls; taking accurate messages and routing calls appropriately.

3. Responds to questions regarding hospital and departmental operations, policies, and procedures.

4. Performs a wide variety of typing assignments which are often confidential in nature.

5. Establishes, maintains, and revises record-keeping and filing systems. Classifies, sorts, and files correspondence, records, and other documents.

6. Arranges meetings and conferences, schedules interviews and appointments, and notifies necessary department personnel.

7. Prepares a variety of administrative reports/analyses for review. Gathers data and other necessary information.

8. Engages in a variety of contacts outside the hospital in order to obtain or relay information, arrange meetings, etc..

10. Actively listens and takes notes capturing decisions and follow-up items in meetings.

11. Ability to work collaboratively among diverse internal and external customers.

12. Data entry: enters billing, admissions, and discharges.

The above statements reflect the general duties considered necessary to describe the principal functions of the job as identified and shall not be considered as a detailed description of all the work requirements that may be inherent in the job.

PHYSICAL DEMANDS:
The physical demand frequencies for the following functions are an

SECTION I - DEPARTMENT SPECIFIC SUPPORT (WEIGHT 25%)

A. Office Management

1. Coordinates facilities and equipment needs, repair, etc. for department.

2. Develops and maintains office security procedures and key control.

3. Collaborates with office staff in ordering office-related supplies, equipment and other purchases, as needed.

4. Assists with staffing and provides direction and assistance to other secretarial staff.

5. Coordinates and records department meetings on a regular basis.

B. Budget Maintenance - maintains budget files and reports for accurate, current balance information.

1. Assists with development and monitoring of budget(s)

2. Reviews monthly expense reports to assure accurate recording in proper accounts.

3. Prepares purchase orders and check requests for deposits, records accruals against appropriate subaccounts, confirms/reconciles charges on monthly OARs.

C. Provides administrative support to medical staff.

1. Verifies with pharmacy patient eligibility for billing medications.

2. Reconciles pharmacy billings to department.

3. Coordinates indigent drug sample program.

SCORE: _____
COMMENTS: _____
_____

SECTION II - SECRETARIAL/ADMINSTRATIVE SERVICES (WEIGHT 40%)

A. Prepares/types correspondence and reports in draft and final form from verbal directions, handwritten copy or notes, typed material, minutes, dictation, or other sources as directed.

1. Distributes final accurate written material within assigned time limits.

2. Assembles data and reports in readable formats and logical order.

B. Sorts, reviews and prioritizes incoming mail; prepares responses to routing inquiries, gathers supporting data as required; routes mail as appropriate.

1. Scans mail and highlights important dates or points on a daily basis.

2. Responds to routine requests or suggests alternative resolution; provides supporting file or materials.

C. Arranges meetings, conference and travel; schedules appointments and maintains personal calendars.

1. Schedules meetings in a timely manner, prepares meeting agendas and material, takes notes and composes minutes as requested.
2. Prepares check requests, makes timely travel reservations and conference registration in most economical manner; confirms arrangements one to three days prior to departure; prepares an itinerary for the trip noting meetings, times, locations, special arrangements, transportation, phone numbers, etc.
3. Assures that personal calendars and office calendars reflect scheduled activities and information is accurate.
4. Confirms meeting dates, times, locations scheduled activity; confirms meetings with other participants.
5. Arranges for all required materials and equipment support (i.e., video recorder, slide projector, overhead projector, etc.) as per Center and department procedures.

D. Establishes, maintains and revises recordkeeping and filing systems; classifies and files correspondence, reports and other documents.

1. Creates and maintains files accurately and organized for easy retrieval.
2. Confidential files/documents are maintained in a secure fashion.

F. Coordinates telecommunication activities, greets and receives guests.

1. Follows proper telephone etiquette when initiating calls or when answering, screening and transferring calls.
2. Communicates accurate messages to the appropriate individuals.
3. Greets and receives hospital guests, ascertains their needs, and appropriately directs visitors and callers based on knowledge of hospital/unit policies.

G. Coordinates personnel related paperwork and associated processes.

1. Prepares personnel requisitions for signature
2. Schedules potential candidates for interviews
3. Schedules physicals and completes necessary documents for new hires and forwards to OH&S
4. Facilitates verification of timecards
5. Maintains confidential departmental personnel files

H. Enters admission, preregistration, billing and discharge data for patients.

1. Completes financial screening for new patients. Collects copayments as required. Obtains all required information for specific funding

sources required for billing and reimbursement purposes.

2. Creates master schedules for all clinical and medical staff.

3. Verifies and ensures accuracy and completeness of data entered into the computer as part of the quality review process. Accepts responsibility for corrections of data elements that are incomplete or in error. Addresses quality review errors with employees as they arise.

4. Compiles, prints, completes and distributes multiple daily and monthly reports.

SCORE: _____

COMMENTS:_____

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SECTION III - CUSTOMER SERVICE **(WEIGHT 10 %)**

A. Interacts with employees, visitors, volunteers and team members with respect, courtesy and compassion.

1. Presents a cooperative, helpful attitude at all times to internal and external customers and co-workers.
2. Strives to understand customer needs and facilitates related outcomes.
3. Integrates understanding of cultural differences in providing care and interactions with customers.

SCORE:_____
COMMENTS:_____

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SECTION IV - TEAM MEMBER FUNCTIONS **(WEIGHT 10 %)**

A. Participates effectively as a team member.

1. Demonstrates flexibility, readily adapting to the changing needs of the team.
2. Works collaboratively and shares responsibility within the team.
3. Demonstrates appropriate work attendance and punctuality.
4. Maintains knowledge of, and follows policies and procedures and organizational communication.
5. Organizes work effectively.
6. Assists with other functions a requested/needed.
7. Apprises other team members of work status to determine need for resource adjustment.

SCORE:_____

COMMENTS: _____

_____

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_____

SECTION V - TEAM DEVELOPMENT/PERFORMANCE **(WEIGHT 5 %)**

A. Contributes to enhanced team performance and team goals.

1. Expands related job knowledge, skills, and training.
2. Communicates with team members work problems encountered and suggestions to improve team performance.
3. Assists with establishing, monitoring and measuring team performance standards and goals.
4. Participates in peer reviews, team and individual performance assessments.
5. Participates in orientation of new secretarial team members.

SCORE: _____
COMMENTS: _____

_____

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SECTION VI - MANAGEMENT OF INFORMATION **(WEIGHT 5 %)**

A. Demonstrates knowledge and ability to collect, utilize and document data required for completion of job responsibilities.

1. Manages information to protect individual rights and maintain confidentiality.
2. Holds confidential his/her personal system access code.
3. Knowledgeable of resources and access to same.

SCORE: _____
COMMENTS: _____

_____

_____

_____

SECTION - ENVIRONMENT OF CARE **(WEIGHT 5%)**

A. Maintains a safe, clean, environment for self, co-workers and customers

1. Assists in keeping work areas clean, organized and cleared of potentially hazardous items.

2. Maintains required competencies in annual fire/safety, disaster preparedness.

3. Demonstrates proper use of required equipment.

4. Adheres to safety and emergency procedures.

SECTION IV - PERFORMANCE IMPROVEMENT PLAN/GOALS

1.

2.

3.

The above statements are a general description of the expectations of this position. They should not be considered a detailed description of all work requirements.

I have read and understand the above expectations.

_____ _____

Employee Signature Date

COMPETENCY ASSESSMENT TOTAL SCORE: _____

COMMENTS:

_____

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Evaluator's signature acknowledges that an Annual Competency Assessment has been conducted as part of this performance evaluation, or at designated time(s) during the evaluation period. Documentation (e.g. Employee Profile) is attached.

_____ _____

Evaluator Signature Date

My signature indicates acknowledgment that I have read and understand the above performance assessment. It does not necessarily indicate agreement.

_____ _____

Employee Signature Date

PART II: **ESSENTIAL FUNCTIONS/PHYSICAL STANDARDS**
Payroll Title: SITE COORDINATOR / OUTREACH COORDINATOR
Department: PSYCHIATRY

ESSENTIAL FUNCTIONS:

Ability to perform these essential functions will be used by the Occupational Health (OH&S) Physician, OH&S Manager and Department Manager to determine if reasonable accommodation is possible for a disabled employee protected by the Americans with Disabilities Act.

PHYSICAL DEMANDS:

The physical demand frequencies for the following functions are an approximation of time required to perform the essential functions/duties of the position.

ESSENTIAL DUTIES:

- .Oversees site/program operations, case assignments and case priortization.
- .Ensures that services are provided in a culturally sensitive manner, ensuring that children, adolescents, and families receive culturally, linguistically, strength based, and developmentally appropriate services.
- .Supervises assigned staff and students and conducts group supervision.
- .Provides leadership to the clinical team and develops agenda items for team meetings.
- .Collaborates with Department Director in program development and marketing.
- .Interviews patients and family members.
- .Participates in conferences with and on behalf of patients.
- .Evaluates data, and plans pertinent therapy programs for patients.
- .Follows treatment team recommendations and provides service planned to restore patients to optimal social and health adjustment.
- .Utilizes community agencies and resources.
- .Prepares and keeps current medical record for each patient.
- .Makes summaries of information.
- .Participates in educational programs.
- .Performs administrative duties as assigned, e.g. interviewing / hiring applicants, assigning cases, attend meetings, return phone calls, etc.
- .Prepares statistical reports and special studies as assigned.

The above statements reflect the general duties considered necessary to describe the principal functions of the job as identified and shall not be considered as a detailed description of all the work requirements that may be inherent in the job.

FREQUENCY FACTOR TABLE

FUNCTION	FREQUENCY

Standing and Walking (Mobility)	Less than 50%
Sitting	More than 50%
Talking and Hearing Patients and their families, physicians, and referral agencies	More than 75%
Normal Vision Requirements	
Lifting	
Less than 10 pounds	Frequently
More than 10 pounds	Seldom

WORK CONDITIONS:

.Work is sedentary but does involve walking to and from different areas of the Clinic.

.Talking and hearing are essential in interviewing patients and families and in contact with people of other social agencies as well as other hospital personnel.

.Works indoors.

.Occasional need to drive to meetings and appointments away from the Clinic. Outreach Coordinator will be driving frequently.

ENVIRONMENTAL FACTORS:

.Quiet to moderate noise environment.

.Clean, well-lit, comfortable climate.

.Occasionally subjected to clinically infectious diseases while working on units and in discussions with patients.

.Outreach involves variable environmental factors, including space, noise, and climate.

EQUIPMENT USED:

.Telephone
.Computer keyboard and screen.
.Video camera and VCR.
.Automobile to access off-site meetings.

Employee Signature Date

Print Name

PART III: COMPETENCY/JOB DESCRIPTION AND PERFORMANCE ASSESSMENT
Payroll Title: SITE COORDINATOR / OUTREACH COORDINATOR
Department: PSYCHIATRY

SCORING GUIDELINES PERFORMANCE ASSESSMENT:

NA - not applicable (no opportunity for competency to be demonstrated during this assessment period); standard not counted in scoring

0 - Does not meet standards of competency/performance*
1 - Inconsistently meets standards of competency/performance*
2 - Consistently meets standards of competency/performance
3 - Often exceeds standards of competency/performance*

* - Ratings of 0, 1, or 3 require descriptive comments and/or examples

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JOB SUMMARY:
Oversees case prioritization and their assignments to staff and interns. Coordinates the waiting list and determines the necessity for referral or assignment. Supervises clerical and clinical staff and students and conducts group supervision. Provides leadership to case conference committee and assists in the development of agenda for team meetings. Collaborates with Department Director and Medical Director in program development and marketing. Oversees offsite and school-based programs. Participates in Program Operations Group (POG) meetings, contributing to the agenda and problem-solving regarding program development and implementation. Attends community meetings as needed. Provides direct patient care and related contact with individuals, schools, agencies, and allied professionals. Provides and ensures that services are provided in a culturally sensitive manner, ensuring that children, adolescents, and families receive culturally, linguistically, and developmentally appropriate services. Appropriately documents patient care in the clinic record according to stated guidelines. Ensures program compliance with all contractual requirements.

FUNCTIONS AND RESPONSIBILITIES:

SECTION I - DIRECT PATIENT SERVICES **(WEIGHT 30%)**

A. Schedules all new patient assignments.

B. Provides psychotherapy consistent with the written treatment plan for the case.

C. Presents diagnostic evaluations at the case conference/diagnostic team meeting following the first or second visit, but in no instance, later than thirty days following the initial visit.

D. Refers cases as appropriate to adjunctive therapies, including medication clinic, psychological testing, group therapy, or parenting classes, etc.

E. Communicates with other individuals, professionals, schools, agencies, or institutes as necessary in order to achieve treatment goals.

F. Provides written and/or oral feedback to referral sources regarding status, progress or outcome of patients, with appropriate written consent.

G. Participates in the development of specialized groups or classes in order to meet specified needs of the patient population.

H. Attends cultural competency trainings. Demonstrates awareness of cultural/ethnic differences and ability to incorporate same in assessment and treatment.

SCORE - _____

COMMENTS: _____

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SECTION II - DOCUMENTATION **(WEIGHT 5 %)**

Documents all evaluations, treatment sessions and treatment progress in a complete and timely manner, consistent with policies outlined in the department policy and procedure manual.

A. Completes all sections of the mental health assessment and treatment plan prior to the case presentation at the diagnostic team meeting.

B. Completes all required documentation for contract patients in a timely manner.

C. Complies with all utilization review policy and procedure for all cases and ensures that each assigned clinical record is in full compliance with clinic policies and procedures.

D. Completes insurance reports in a complete *and timely* manner, *as required* by funding source or third party payor.

E. Completes and submits patient billing logs and progress notes consistent with stated guidelines within twenty-four hours of each visit.

SCORE - _____ **COMMENTS:**

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SECTION III - CLINICAL SUPERVISION **(WEIGHT 10%)**

Supervises student trainees and interns and conducts group supervision.

A. Meets with trainees/interns in an individual and/or group format to provide supervision, direction and training.

B. Provides written and/or verbal feedback to the Department Manager & Medical Director regarding progress of the supervisee(s).

C. Oversees inservice training.

D. Completes written evaluations of student performance as required by the academic institution and acts as liaison between clinic site and academic institution for assigned students.

SCORE - _____ **COMMENTS:**

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SECTION IV - SITE CORRDINATION **Weight: 40%**

Coordination of clinic and offsite operations.

A. Provides administrative supervision to support and professional staff. Oversees training, evaluates performance of clinical and support staff. Meets with staff weekly to discuss workload demands, clinical activity and program issues.

B. Responsibile for interviewing and making recommendations for hiring of new clinical and support staff. Liaison with HRD regarding new job postings and selection of temporary help. Maintains initial and annual competency standards for staff; monitors job performance and completes annual performance reviews.

C. Provides leadership to clinical meetings and assists in the development of agenda for meetings. Oversees flow of cases through case conference committee for clinical review.

D. Collaborates with Department Director in program development and marketing. Meets regularly with program director to discuss and review overall clinical activity. Collaborates with Department Manager in designing and implementing activities intended to enhance and improve program visibility and image to the community. Attends community meetings as assigned for purposes of networking and program promotion/development.

E. Oversees and ensures program compliance with contract requirements.

F. Oversees case assignment; reviews wait list; triages and prioritizes requests for treatment and cases awaiting assignment. Ensures that all staff and interns maintain a full caseload by assigning clients as vacancies occur.

G. Oversees off-site clinic and school-based services. Meets regularly with clinical staff providing off-site services to provide support and administrative/clinical supervision. Meets as required with school administrators and other personnel regarding development of new contracts and services and monitoring of existing programs. Collaborates with Department Director in development and implementation of contracts.

SCORE _____ **COMMENTS:**

SECTION V - Management of Information **(WEIGHT 5%)**

A. Demonstrates knowledge and ability to collect appropriate data/clinical information for clinical/professional decision-making.

1. Identifies appropriate data sources.
2. Utilizes effective and efficient data collection methods.
3. Maintains data integrity by accurate and reliable documentation of data.
4. Suggests consistent definitions, codes, classifications, and terminology when inconsistencies are noted.

B. Utilizes appropriate data/clinical information in daily activities.

1. Demonstrates knowledge of appropriate data or information sources.
2. Secures appropriate data/information accurately.
3. Interprets data/information accurately.

4. Appropriately utilizes data and information in clinical, professional, and related decision making.

C. Maintains confidentiality of data/clinical information.

1. Knows regulatory and policy protections for various types of data and information within area of responsibility.
2. Maintains security of data within areas of responsibility.
3. Hold confidential the personal system access code.

D. Communicates/documents information in a timely and effective manner.

1. Effectively communicates with external and internal customers.
2. Provides data and information to others who have a need or right to know.

SCORE - _____ **COMMENTS:**

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SECTION VI - Team Member/General Expectations (WEIGHT 10%)

A. Participates effectively as a team member

1. Works collaboratively within the team.
2. Demonstrates knowledge of and commitment to team goals.
3. Communicates with team members regarding work problems encountered and makes constructive suggestions to improve team performance.
4. Accepts constructive criticism and adjusts behavior/performance in response to such criticism.
5. Apprises other team members of work status to determine need for resource adjustment.
6. Demonstrates flexibility, readily adapting to changing needs of team members or customers or assisting in special projects as necessary.
7. Attempts to resolve concerns at the lowest possible level in a in timely manner.

B. Assists with administrative team functions as required.

1. Assists with the development and monitoring of budget(s).
2. Assists with staff scheduling.
3. Assists with ordering supplies and equipment.
5. Assists with the development of procedures.

C. Demonstrates initiative, good judgment and organization.

1. Prioritizes work effectively.
2. Meets daily, weekly, monthly, or other cyclical deadlines.

3. Maintains work area in a clean, organized manner to readily locate information, supplies, materials and equipment.
4. Considers relevant facts, weighs alternatives and makes logical decisions.
5. Follow direction, both written and oral in completion of work assignments.
6. Maintains knowledge of and follows relevant policies, procedures, and organizational communication:
   a) Demonstrates knowledge of safety and emergency procedures.
   b) Demonstrates knowledge and proper use of required equipment.
7. Acts as an ambassador for Children's while at work at Children's-sponsored events.
8. Presents a cooperative, helpful attitude at all times to internal and external customers and co-workers.
9. Collaborates with families, determining family concerns and priorities and appropriate resources related to the optimum delivery of services for the child.

D. Demonstrates appropriate work attendance and punctuality.

1. Reports to work on time and ready for duty at start of shift.

2. Records arrival, meal breaks and departure on time card daily; takes breaks in compliance with policy and in consideration of work flow.
3. Provides at least 2 days advance notice of requests for scheduled time off; reports absences or tardies as soon as possible prior to start of shift.
4. Maintains sick leave usage at or below team average.

SCORE - _____
COMMENTS:

_____
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_____

MINIMUM QUALIFICATIONS:

Degree/License

Master's degree or Ph.D. in social work or a related discipline and possession of a current L.C.S.W., Clinical Psychology, or M.F.T. license.

SKILLS

Demonstrated ability to formulate diagnostic assessment and treatment plan

formulation. Ability to utilize individual, family, collateral and group therapy modalities. Ability to work cooperatively with multidisciplinary team. Good oral and written communication skills including the ability to present information effectively in a didactic format to staff, students, patients, and community groups. Skillful at planning, organizing and completing assignments in a thorough, timely manner. Interest in marketing and promoting programs and in developing marketable psychotherapy services for children and families. Ability to provide specialized treatment to children from infancy to adolescence. Ability to lead and build consensus. Ability to work independently, as needed, to problem solve daily operational issues.

KNOWLEDGE

Must have knowledge of diagnostic criteria and methodology (including DSM IV), and treatment methodology including brief short-term, family and group therapies. Must have knowledge and experience with Short-Doyle / Medi-Cal and EPSDT funding streams.

COMPETENCY ASSESSMENT TOTAL SCORE: _____ **COMMENTS:**

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_____

Evaluator(s) Signature Date

PART II: **ESSENTIAL FUNCTIONS/PHYSICAL STANDARDS**
Payroll Title: PSYCHIATRIC SOCIAL WORKER I
Department: PSYCHIATRY

ESSENTIAL FUNCTIONS:

Ability to perform these essential functions will be used by the Occupational Health (OH&S) Physician, OH&S Manager and Department Manager to determine if reasonable accommodation is possible for a disabled employee protected by the Americans with Disabilities Act.

PHYSICAL DEMANDS:

The physical demand frequencies for the following functions are an approximation of time required to perform the essential functions/duties of the position.

ESSENTIAL DUTIES:

- .Interviews patients and family members.
- .Provides services in a culturally sensitive manner, ensuring that patients receive culturally, linguitically, and developmentally appropriate services.
- .Considers patient and family strengths in the development of treatment plans with the family.
- .Participates in conferences with and / or on behalf of patients.
- .Evaluates data, and plans pertinent therapy programs for patients.
- .Follows treatment team recommendations and provides service planned to restore patients to optimal social and health adjustment.
- .Utilizes community agencies and resources.
- .Prepares and keeps current medical record for each patient.
- .Makes summaries of information.
- .Participates in educational programs.
- .Prepares statistical reports and special studies as assigned.

The above statements reflect the general duties considered necessary to describe the principal functions of the job as identified and shall not be considered as a detailed description of all the work requirements that may be inherent in the job.

FREQUENCY FACTOR TABLE

FUNCTION	FREQUENCY
Standing and Walking (Mobility)	Less than 50%
Sitting	More than 50%
Talking and Hearing Patients and their families, physicians, and referral agencies	More than 75%

Normal Vision Requirements

Lifting

Less than 10 pounds	Frequently
More than 10 pounds	Seldom

WORK CONDITIONS:

.Work is sedentary but does involve walking to and from different areas of the Clinic or School site.

.Talking and hearing are essential in interviewing patients and families and in contact with people of other social agencies as well as other hospital and school personnel.

.Works indoors.

.Occasional need to drive to meetings and appointments away from the Clinic or School-site.

ENVIRONMENTAL FACTORS:

.Quiet to moderate noise environment.

.Clean, well-lit, comfortable climate.

.Occasionally subjected to clinically infectious diseases while working on units and in discussions with patients.

EQUIPMENT USED:

.Telephone
.Computer keyboard and screen.
.Video camera and VCR.
.Automobile to access off-site meetings.

_____ _____

Employee Signature Date

_____

Print Name

4/95 PMAT

PART III: COMPETENCY/JOB DESCRIPTION AND PERFORMANCE ASSESSMENT
Payroll Title: PSYCHIATRIC SOCIAL WORKER I
Department: PSYCHIATRY

SCORING GUIDELINES PERFORMANCE ASSESSMENT:

NA - not applicable (no opportunity for competency to be demonstrated during this assessment period); standard not counted in scoring

0 - Does not meet standards of competency/performance*
1 - Inconsistently meets standards of competency/performance*
2 - Consistently meets standards of competency/performance
3 - Often exceeds standards of competency/performance*

* - Ratings of 0, 1, or 3 require descriptive comments and/or examples

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JOB SUMMARY:

Proves direct patient care and related contact with individuals, schools, agencies, and allied professionals. Conducts diagnostic assessment to individual, family collateral, and group therapies. Provides services in a culturally sensitive manner, ensuring that children, adolescents, and families receive culturally, linguistically, and developmentally appropriate services. Appropriately documents patient care in the clinical record according to stated guidelines. Assists in the development of clinic programs and services and participates in marketing activity.

MINIMUM QUALIFICATIONS:

Master's degree in social work or a related discipline from an accredited school.

The above statements are a general description of the expectations of this position. They should not be considered a detailed description of all work requirements.

I have read and understand the above expectations.

_____ _____

Employee Signature Date

FUNCTIONS AND RESPONSIBILITIES:

SECTION I - **(WEIGHT 50%)**

Provides direct patient care and related contact with individuals, schools, agencies and allied professionals.

A. Schedules all new patient assignments, unless approved otherwise by Department Manager, within seven days of the case assignment.

B. Provides psychotherapy consistent with the written treatment plan for the case, focusing on the strenths of the patient and family.

C. Presents diagnostic evaluations at the case conference/diagnostic team meeting following the first or second visit, but in no instance later than thirty days following the initial visit.

D. Refers cases as appropriate to adjunctive therapies, including medication clinic, psychosocial testing, group therapy, or parenting classes, etc..

E. Communicates with other individuals, professionals, schools, agencies or institutions as necessary in order to achieve treatment goals.

F. Provides written and/or oral feedback to referral sources regarding status, progress or outcome of patients, with appropriate written consent.

G. Conducts psychotherapy with assigned cases a the rate assigned in order to achieve a minimum of 1230 units of service annually (based upon 1.0 FTE).

H. Participates in the development of specialized groups or classes in order to meet specified needs of the patient population.

I. Attends cultural competency trainings. Demonstrates awareness of cultural/ethnic differences and ability to incorporate same in assessment and treatment.

SCORE - _____

COMMENTS: _____

_____

_____

_____

_____

SECTION II - **(WEIGHT 15%)**

Documents all evaluations, treatment sessions and treatment progress in a complete and timely manner, consistent with policies outlined in the department policy and procedure manual.

A. Completes all sections of the mental health assessment and treatment plan prior to the case presentation at the diagnostic team meeting.

B. Completes a yearly treatment plan for a treatment plan update on all contract cases prior to the expiration of the utilization review period.

C. Complies with all utilization review policy and procedure for all contact cases and ensures that each assigned clinical record is in full compliance with utilization review policy and procedure.

D. Completes insurance reports in a complete manner, unless otherwise approved by the Department Manager, within fourteen days of request by the financial secretary.

SCORE - _____
COMMENTS:

_____
_____
_____
_____
_____

SECTION III - **(WEIGHT 10%)**

Attends all meetings as required by the clinic Department Manager or Medical Director.

A. Attends staff meetings at the clinic site and participates in the discussion of clinic issues.

B. Attends and participates in all clinic-wide meetings.

C. Attends diagnostic team meetings prepared to discuss cases.

D. Attends all assigned inservice trainings.

SCORE - _____
COMMENTS:

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SECTION IV - **(WEIGHT 5%)**

Assists in design and development of clinic programs. Participates in marketing activity.

A. Offers suggestions, ideas, and input to benefit Outpatient Psychiatry and patients.

B. Participates in ongoing improvement of existing strategies and programs, and offers ideas/strategies for development of new programs that may benefit the patient population and enhance revenue.

C. Attends community meetings for networking or marketing activity as assigned by the Department Manager.

SCORE - _____
COMMENTS:

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SECTION V - TEAM MEMBER/GENERAL EXPECTATIONS **(WEIGHT 15%)**

A. Participates effectively as a team member

1. Works collaboratively within the team.
2. Demonstrates knowledge of and commitment to team goals.
3. Communicates with team members, work problems encountered and constructive suggestions to improve team performance.
4. Accepts constructive criticism and adjusts behavior/performance in response to such criticism.
5. Apprises other team members of work status to determine need for resource adjustment.
6. Demonstrates flexibility, readily adapting to changing needs of team members or customers or assisting in special projects as necessary.
7. Attempts to resolve concerns at the lowest possible level in a in timely manner.

B. Assists with administrative team functions, as required.

1. Assists with the development and monitoring of budget(s).
2. Assists with staff scheduling.
3. Assists with development of procedures.

C. Demonstrates initiative, good judgment and organization.

1. Prioritizes work effectively.
2. Meets daily, weekly, monthly, or other cyclical deadlines.
3. Maintains work area in a clean, organized manner to readily locate information, supplies, materials and equipment.
4. Considers relevant facts, weighs alternatives and makes logical decisions.
5. Follow direction, both written and oral in completion of work assignments.
6. Maintains knowledge of and follows relevant policies, procedures, and organizational communication:

a) Demonstrates knowledge of safety and emergency procedures.
b) Demonstrates knowledge and proper use of required equipment.

7. Acts as an ambassador for Children's while at work at Children's-sponsored events.
8. Presents a cooperative, helpful attitude at all times to internal and external customers and co-workers.

D. Demonstrates appropriate work attendance and punctuality.

1. Reports to work on time and ready for duty at start of shift.
2. Provides advance notice of requests for scheduled time off.
3. Maintains sick leave usage at or below team average.

SCORE - _____
COMMENTS:

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_____
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SECTION VI - MANAGEMENT OF INFORMATION **(WEIGHT 5%)**

A. Demonstrates knowledge and ability to collect appropriate data/clinical information for clinical/professional decision-making

1. Identifies appropriate data sources
2. Utilizes effective and efficient data collection methods
3. Maintains data integrity by accurate and reliable documentation of data
4. Suggests consistent definitions, codes, classifications and terminology when inconsistencies are noted

B. Utilizes appropriate data/clinical information in daily activities

1. Demonstrates knowledge of appropriate data or information sources
2. Secures appropriate data/information when needed
3. Interprets data/information accurately
4. Appropriately utilizes data and information in clinical, professional, and related decision making

C. Maintains confidentiality of data/clinical information

1. Knows regulatory and policy protections for various types of data and information within area of responsibility
2. Maintains security of data within areas of responsibility releasing only to those having a need or right to know

3. Holds confidential the personal system access code

D. Communicates/documents information in a timely and effective manner

1. Effectively communicates with external and internal customers
2. Provides data and information to others who have a need or right to know

SCORE - _____
COMMENTS:

_____
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_____
_____
_____

COMPETENCY ASSESSMENT TOTAL SCORE: _____

COMMENTS:

_____
_____
_____
_____
_____
_____
_____
_____

_____ _____

Evaluator(s) Signature Date

PART IV: PERFORMANCE IMPROVEMENT PLAN/GOALS
(WEIGHT____%)
Payroll Title:
Department:

_____

Payroll Title: PSYCHIATRIC SOCIAL WORKER II
Department: PSYCHIATRY

ESSENTIAL FUNCTIONS:

Ability to perform these essential functions will be used by the Occupational Health (OH&S) Physician, OH&S Manager and Department Manager to determine if reasonable accommodation is possible for a disabled employee protected by the Americans with Disabilities Act.

PHYSICAL DEMANDS:

The physical demand frequencies for the following functions are an approximation of time required to perform the essential functions/duties of the position.

ESSENTIAL DUTIES:

- .Interviews patients and family members.
- .Provides services in a culturally sensitive manner, ensuring that patients receive culturally, linguitically, and developmentally appropriate services.
- .Considers patient and family strengths in the development of treatment plans with the family.
- .Participates in conferences with and / or on behalf of patients.
- .Evaluates data, and plans pertinent therapy programs for patients.
- .Follows treatment team recommendations and provides service planned to restore patients to optimal social and health adjustment.
- .Utilizes community agencies and resources.
- .Prepares and keeps current medical record for each patient.
- .Makes summaries of information.
- .Participates in educational programs.
- .Performs administrative duties as assigned, e.g. assigning cases, attend meetings, return phone calls, etc.
- .Prepares statistical reports and special studies as assigned.
- .Supervises staff as assigned.

The above statements reflect the general duties considered necessary to describe the principal functions of the job as identified and shall not be considered as a detailed description of all the work requirements that may be inherent in the job.

FREQUENCY FACTOR TABLE

FUNCTION	FREQUENCY
Standing and Walking (Mobility)	Less than 50%
Sitting	More than 50%
Talking and Hearing Patients and their families, physicians,	More than 75%

and referral agencies

Normal Vision Requirements

Lifting

Less than 10 pounds	Frequently
More than 10 pounds	Seldom

WORK CONDITIONS:

.Work is sedentary but does involve walking to and from different areas of the Clinic.

.Talking and hearing are essential in interviewing patients and families and in contact with people of other social agencies as well as other hospital personnel.

.Works indoors.

.Occasional need to drive to meetings and appointments away from the Clinic.

ENVIRONMENTAL FACTORS:

.Quiet to moderate noise environment.

.Clean, well-lit, comfortable climate.

.Occasionally subjected to clinically infectious diseases while working on units and in discussions with patients.

EQUIPMENT USED:

.Telephone
.Computer keyboard and screen.
.Video camera and VCR.
.Automobile to access off-site meetings.

_____ _____

Employee Signature Date

_____

Print Name

4/95 PMAT

PART III: COMPETENCY/JOB DESCRIPTION AND PERFORMANCE ASSESSMENT
Payroll Title: PSYCHIATRIC SOCIAL WORKER II

Department: PSYCHIATRY

SCORING GUIDELINES PERFORMANCE ASSESSMENT:

NA - not applicable (no opportunity for competency to be demonstrated during this assessment period); standard not counted in scoring

0 - Does not meet standards of competency/performance*
1 - Inconsistently meets standards of competency/performance*
2 - Consistently meets standards of competency/performance
3 - Often exceeds standards of competency/performance*

* - Ratings of 0, 1, or 3 require descriptive comments and/or examples

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JOB SUMMARY:
Provides diagnostic and treatment services appropriate to the age and developmental level of the patient in a psychiatric/clinical based setting. Assesses and recommends appropriate treatment both independently and in a multidisciplinary team approach, applying culturally-sensitive criteria. Provides services in a culturally sensitive manner, ensuring that children, adolescents, and families receive culturally, linguistically, and developmentally appropriate services. Supervises non-licensed staff and interns, as assigned. Assists in the development of team programs and services.

FUNCTIONS AND RESPONSIBILITIES:

SECTION I - **(WEIGHT 60%)**

Provides direct patient care and related contact with individuals. schools, and allied professionals.

A. Schedules all new patient assignments, unless approved otherwise by clinic supervisor, within seven days of the case assignment.

B. Provides psychotherapy consistent with the written treatment plan for the case, focusing on the strengths of the patient and family.

C. Presents diagnostic evaluations at the case conference/diagnostic team meeting following the first or second visit, but in no instance, later than thirty days following the initial visit.

D. Refers cases as appropriate to adjunctive therapies, including medication clinic, psychological testing, group therapy, or parenting classes, etc.

E. Communicates with other individuals, professionals, schools, agencies, or institutes as necessary in order to achieve treatment goals.

F. Provides written and/or oral feedback to referral sources regarding status, progress or outcome of patients, with appropriate written consent.

G. Conducts psychotherapy with assigned cases at the rate assigned.

H. Participates in the development of specialized groups or classes in order to meet specified needs of the patient population.

I. Attends cultural competency trainings. Demonstrates awareness of cultural/ethnic differences and ability to incorporate same in assessment and treatment.

SCORE - _____
COMMENTS: _____

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SECTION II - **(WEIGHT _10_%)**

Documents all evaluations, treatment sessions and treatment progress in a complete and timely manner, consistent with policies outlined in the department policy and procedure manual.

A. Completes all sections of the mental health assessment and treatment plan prior to the case presentation at the diagnostic team meeting.

B. Completes treatment plan or a treatment plan update when required by funding source or contract.

C. Complies with all utilization review policy and procedure for all cases and ensures that each assigned clinical record is in full compliance with clinic policies and procedures.

D. Completes insurance reports in a complete manner.

E. Completes and submits patient billing logs and progress notes consistent with states guidelines within twenty-four hours of each visit.

SCORE - _____ **COMMENTS:**

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SECTION II **(WEIGHT _10_%)**

Documents all evaluations, treatment sessions and treatment progress in a complete and timely manner, consistent with policies outlines in the department policy and procedure manual.

A. Completes all sections of the mental health assessment and treatment plan prior to the case presentation at the diagnostic team meeting.

B. Completes treatment plan or a treatment plan update when required by funding source or contract.

C. Complies with all utilization review policy and procedure for all cases and ensures that each assigned clinical record is in full compliance with clinic policies and procedures.

D. Completes insurance reports in a complete manner.

E. Completes and submits patient billing logs and progress notes consistent with states guidelines within twenty-four hours of each visit.

SCORE - _____ **COMMENTS:**

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SECTION III **(WEIGHT 5%)**

Attends all meetings as required by the department manager.

A. Attends staff meetings at the clinic site and participates in the discussion of clinic issues.

B. Attends and participates in all clinic-wide meeting.

C. Attends diagnostic team meetings prepared to discuss case.

D. Attends all assigned inservice trainings.

E. Participates as a member of other QA/UR/PI committees as assigned.

SCORE - _____ **COMMENTS:**

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SECTION IV **(WEIGHT _5_%)**

Offers individual and group clinical supervision to unlicensed staff or interns as assigned.

A. Meets with assigned staff and/or students in an individual and/or group format to provide supervision, direction and training.

B. Provides written and/or verbal feedback as assigned to the department manager regarding progress of the supervisee(s).

C. Designs, develops, and presents inservice training to staff and students as assigned.

D. Completes written evaluations of student performance as required by the academic institution and acts as liaison between clinic site and academic institution for assigned students.

SCORE - _____ **COMMENTS:**

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SECTION V **(WEIGHT 5%)**

Assists in design and development of clinic programs. Participates in marketing activity.

A. Offers suggestions, ideas, and input to benefit in department and patients.

B. Participates in ongoing improvement of existing strategies and programs, and offers ideas/strategies for development of new programs that may benefit the patient population and enhance revenue.

C. Attends community meetings for networking or marketing activity as assigned by the department manager.

SCORE - _____ **COMMENTS:**

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SECTION VI - Management of Information **(WEIGHT 5%)**

A. Demonstrates knowledge and ability to collect appropriate data/clinical information for clinical/professional decision-making.

1. Identifies appropriate data sources.
2. Utilizes effective and efficient data collection methods.

3. Maintains data integrity by accurate and reliable documentation of data.
4. Suggests consistent definitions, codes, classifications, and terminology when inconsistencies are noted.

B. Utilizes appropriate data/clinical information in daily activities.

1. Demonstrates knowledge of appropriate data or information sources.
2. Secures appropriate data/information accurately.
3. Interprets data/information accurately.
4. Appropriately utilizes data and information in clinical, professional, and related decision making.

C. Maintains confidentiality of data/clinical information.

1. Knows regulatory and policy protections for various types of data and information within area of responsibility.
2. Maintains security of data within areas of responsibility.
3. Hold confidential the personal system access code.

D. Communicates/documents information in a timely and effective manner.

1. Effectively communicates with external and internal customers.
2. Provides data and information to others who have a need or right to know.

SCORE - _____ **COMMENTS:**

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SECTION VIII - Team Member/General Expectations **(WEIGHT 10%)**

A. Participates effectively as a team member

1. Works collaboratively within the team. 2. Demonstrates knowledge of and commitment to team goals.
3. Communicates with team members, work problems encountered and constructive suggestions to improve team performance.
4. Accepts constructive criticism and adjusts behavior/performance in response to such criticism.
5. Apprises other team members of work status to determine need for resource adjustment.
6. Demonstrates flexibility, readily adapting to changing needs of team members or customers or assisting in special projects as necessary.
7. Attempts to resolve concerns at the lowest possible level in a in timely manner.

B. Assists with administrative team functions as required.

1. Assists with the development and monitoring of budget(s).
2. Assists with staff scheduling.
3. Assists with ordering supplies and equipment.
4. Assists with development of procedures.

C. Demonstrates initiative, good judgment and organization.

1. Prioritizes work effectively.
2. Meets daily, weekly, monthly, or other cyclical deadlines.
3. Maintains work area in a clean, organized manner to readily locate information, supplies, materials and equipment.
4. Considers relevant facts, weighs alternatives and makes logical decisions.
5. Follow direction, both written and oral in completion of work assignments.
6. Maintains knowledge of and follows relevant policies, procedures, and organizational communication:
   a) Demonstrates knowledge of safety and emergency procedures.
   b) Demonstrates knowledge and proper use of required equipment.
7. Acts as an ambassador for Children's while at work at Children's-sponsored events.
8. Presents a cooperative, helpful attitude at all times to internal and external customers and co-workers.

D. Demonstrates appropriate work attendance and punctuality.

1. Reports to work on time and ready for duty at start of shift.
2. Records arrival, meal breaks and departure on timecard daily; takes breaks in compliance with policy and in consideration of work flow.
3. Provides at least 2 days advance notice of requests for scheduled time off; reports absences or tardies as soon as possible prior to start of shift.
4. Maintains sick leave usage at or below team average.

SCORE - _____
COMMENTS:

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MINIMUM QUALIFICATIONS:

Degree/License

Master's degree in social work or a related discipline and possession of a current L.C.S.W. or M.F.T. license.

5. Detailed budgets

County of San Diego – Health and Human Services Agency
Mental Health Services
Contract Budget Summary

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2006 — To: June 30, 2007
Amendment Number: — For the Period From: — To:

	Cost Center	A	B	C	D	E	F	Program Cost Page 2 Subtotal	Total Program Cost
1	CCTC, Frontline or N/A	N/A	N/A	N/A	N/A	N/A			
2	Adult/Child	C & A	C & A	C & A	C & A	C & A			
3	Service Function	MHS / OP	Med	Crisis Int	C.M. Brkg	MHS-R			
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)	48,105	61,400	112,135	16,220	2,490			240,350
6	Operating Expenses (Schedule I)	36,256	46,276	84,515	12,225	1,877			181,150
7	Fixed Assets (Schedule II)								
8	Gross Cost (Lines 5+6+7)	$84,361	$107,676	$196,651	$28,446	$4,367			$421,500
9	Indirect Cost (Schedule III)	16,872	21,535	39,330	5,689	873			84,300
10	Adjusted Gross Cost (Lines 8+9)	$101,233	$129,211	$235,981	$34,135	$5,241			$505,800
11	Total Units of Service	659	910	1,033	287	34			2,923
12	Cost Per Unit of Service	$153.57	$141.99	$228.53	$118.83	$153.57			$173.03
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service	659	910	1,033	287	34			2,923
16	Contract Cost per Unit of Service	$153.57	$141.99	$228.53	$118.83	$153.57			$173.03
17	Total Billing Units (M/C & Non-M/C)	39,552	27,300	61,958	17,235	2,048			148,092
18	Contract Cost per Billing Unit	$2.56	$4.73	$3.81	$1.98	$2.56			$3.42
	Contract Gross Costs	$101,233	$129,211	$235,981	$34,135	$5,241			$505,800
	ss Contract Revenues:								
20	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**	$101,233	$129,211	$235,981	$34,135	$5,241			$505,800
29	Total SD/MC Billing Units	7,910	5,460	12,392	3,447	410			29,618
30	Medi-Cal Gross	$20,247	$25,842	$47,196	$6,827	$1,048			$101,160

Prepared By: Barent P. Mynderse, Director
Name/Title

Date: 05/24/2006

Service Function		
Day/Comm Svcs	**24 Hour**	**Outpatient**
Intensive (Full, 1/2)	Crisis Residential	M.H. Services
Rehabilitation (Full, 1/2)	Adult Residential	Med. Support
Socialization		Crisis Intervention
Community Services		C.M. Brokerage

SD/MC Total Cost	$101,160
MAA Medi-Cal	
SAMHSA	
PATH Allocation	
State General Funds	
Other	
Net	$404,640
Contract Maximum	$505,800

County San Diego - Health and Human Services Agency
Mental Health Services
Contract Budget Summary

Contract Provider:	Children's Hospital - San Diego, Outpatient Psychiatry			Provider Number:	TBA
Program Name:	N.C. Walk-In Clinic / Mobile Assessment Team				
Contract Number:	43207	For the Period From:	July 1, 2006	To:	June 30, 2007
Amendment Number:		For the Period From:		To:	

	Cost Center	G	H	I	J	K	L	M	
1	CCTC, Frontline or N/A								Program Cost Page 2 Subtotal
2	Adult/Child								
3	Service Function (per CR/DR)								
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)								
6	Operating Expenses (Schedule I)								
7	Fixed Assets (Schedule II)								
8	Gross Cost (Lines 5+6+7)								
9	Indirect Cost (Schedule III)								
10	Adjusted Gross Cost (Lines 8+9)								
11	Total Units of Service								
12	Cost Per Unit of Service								
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service								
16	Contract Cost per Units of Service								
17	Total Billing Units (M/C & Non-M/C)								
18	Contract Cost per Billing Unit								
	Contract Gross Costs								
	Less Contract Revenues:								
20	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**								

29	Total SD/MC Billing Units								
30	Medi-Cal Gross								

	*** For Mental Health Services (MHS) units. List budgeted units and billing units by Service Function ***					
	Service Function	Assessment	Collateral	Group	Individual	Total
31	Mental Health Units of Service	132	198	33	297	659
32	Billing Units (M/C & Non-M/C)	7,910	11,866	1,978	17,798	39,552

Service Function Index					
Service Function	Units of Service *	Billing Units +	Service Function	Units of Service *	Billing Units +
Outpatient Services	Visit	Minutes	Day Treatment Intensive	Day	Day
Mental Health Services (MHS)	Visit	Minutes	Day Treatment Rehabilitation	Day	Day
Medication Support	Visit	Minutes	Crisis Residential	Day	Day
Crisis Intervention	Visit	Minutes	Adult Residential	Day	Day
Case Management Brokerage	Visit	Minutes			

County of San Diego – Health and Human Services Agency
Mental Health Services
Contract Budget Schedule I – Salaries and Operating Expenses

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2006 — To: June 30, 2007
Amendment Number: — For the Period From: — To:

	Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Direct	Annualized FTE Prog. Admin.	Number of Months	Direct Services Expense	Program Admin. Expense	Total Salary Expense
1	Director	118,657		0.02	12.00		2,373	$2,373
2	Program Coordinator	65,000	0.50	0.50	12.00	32,500	32,500	$65,000
3	PSW I	41,600	0.50		12.00	20,800		$20,800
4	PSW II	52,000	1.00		12.00	52,000		$52,000
5	Case Manager	31,200	0.25		12.00	7,800		$7,800
6	Administrative Associate	29,120		1.00	12.00		29,120	$29,120
7	Business Unit Coordinator	47,183		0.02	12.00		944	$944
8								
9								
10								
11								
12								
	Sub Total FTE and Salaries		2.25	1.54	N/A	$113,100	$64,937	$178,037
					Total Employee Benefits			62,313
					Salaries & Benefits Total			$240,350

	Operating Expenses	Amount
13	Building Rent & Leases	39,627
14	Equipment Rent & Leases	2,400
15	Building Repairs/Maintenance	100
	Equipment Repair/Maintenance	100
17	*Leasehold Improvements	4,000
18	Telephone	7,800
19	Utilities	4,200
20	Supplies Minor Equipment	194
21	Office Supplies	1,200
22	Pharmaceutical	16,200
23	Medical Supplies	750
24	Other Supplies	152
25	Printing	100
26	Insurance: Professional Liability	100
27	Insurance: Other	25
28	*Consultants (from Schedule II)	82,231
29	Staff Development/Training	150
30	Accounting/Auditing/Legal Fees	100
31	Other Business Services	52
32	24 Hour Program: Food	
33	24 Hour Program: Personal Needs Items	
34	Laboratory Services	3,000
35	Travel Local	17,654
36	Client Transportation	940
37	Dues and Subscriptions	50
38	Interest Expense	
39	Tax/License	25
40	Other: (list)	
42		
	Operating Expenses Total	$181,150

Gross Cost	Amount
*Total Salary & Benefits	240,350
*Program Operating Expenses	181,150
*Fixed Assets (Schedule II)	
*Indirect Costs (Schedule III)	84,300
Operating Total (Lines 16 + 17 + 18)	$265,450
Program Total (Lines 15 + 19)	$505,800

*** May not be exceeded without prior HHSA approval.**

Co[illegible] of San Diego – Health and Human Service[illegible]ency
Mental Health Services
Contract Budget Schedule II – Fixed Assets and Consultants

'act Provider: Children's Hospital - San Diego, Outpatient Psychiatry Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 For the Period From: July 1, 2006 To: June 30, 2007
Amendment Number: For the Period From: To:

Fixed Asset

	Description of Fixed Asset	# of Units		Cost per Unit	Total Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
	Total Fixed Assets				

Consultant Agreements – Direct Services

	Name	Agency	Position Class	Hours		Rate	Amount
14	Psychiatrist TBA	UCSD	Psychiatrist	1,040		75.00	78,000
16							
17							
18							
19							
20							
21							
22							
23							
24							
	Total Direct Services Consultants						$78,000

Consultant Agreements - Program Management Function

	Name	Agency	Position Class	Hours		Rate	Amount
25	Saul Levine, MD	UCSD	Chief of Psychiatry	15		168.76	2,531
26	Gabrielle Cerda, MD	UCSD	Clinical Director	20		84.96	1,699
27							
28							
29							
30							
31							
32							
33							
34							
35							
	'otal Prog. Mgt. Consultant						$4,231

Total Consultant Agreements	$82,231

Coui f San Diego – Health and Human Services Agen
Mental Health Services
Contract Budget Schedule III – Indirect Costs

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
am Name: N.C. Walk-In Clinic / Mobile Assessment Team
.ract Number: 43207 — For the Period From: July 1, 2006 — To: June 30, 2007
Amendment Number: — For the Period From: — To:

	Administrative Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Total	% of FTE Allocated To Program	FTE Allocated To Program	Number of Months	Total Salary Expense
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
	Sub Total FTE and Salaries			N/A		N/A	

Total Administrative Benefits	
Total Admin. Salaries & Benefits	
Total Administrative Operating Expenses	84,300
Total Administrative Consultant Services	
Total Indirect Costs	$84,300

	Administrative Operating Expenses	Amount	% Allocated to Program	Indirect Cost
13				
14	Indirects	84,300	100.00%	84,300
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
	Admin. Operating Expenses Total	$84,300	N/A	$84,300

	Administrative Consultant Services			
36				
37				
38				
	Admin. Consultant Services Total		N/A	

Indirect Costs Methodology

Children's Hosptial – San Diego uses the simplified allocation method, as described in Office of Management & Budget Circular A-122, to determine the indirect rate. The allocation is determined by separating the organization's total costs for the base period as either direct or indirect and dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that gets submitted to the Division of Cost Allocation for approval. Once approved, this rate is the basis for distributing indirect costs to individual awards. The current approved rates in effect for the fiscal year ended June 30, 2005 and 2006 are 43.5% for Other Sponsored Projects and 62% for Research. They were determined using the fiscal year ended June 30, 2003 audited expenses. The proposal for the indirect cost rate to be in effect for fiscal year ended June 30, 2007 and 2008 has been submitted to the DCA based on the fiscal year ended June 30, 2005 audited expenses. The proposed rates for Other Sponsored Projects and Research are 55.10% and 83.73%, respectively. Article # 4.3.4.1. of the County Agreement Contract # 43207, states that the ratio of actual total Indirect Cost to actual total Gross Cost shall not exceed 125% of the ratio of each program's total budgeted Indirect Cost to budgeted Gross Cost, as itemized on the Agreement Program Budget Summary." Children's Hospital – San Diego will allocate a 20% fixed indirect rate and directly allocate a reasonable portion of costs that are normally considered indirect for purposes of calculating the Federal approved indirect rate. This total amount will be allocated to its CMHS budgets, which is less than CHSD's rates of 55.10% or 83.73%, but consistent with Article 4.3.4.1. of the County Agreement Contract # 43207.

County of San Diego – Health and Human Services Agency
Mental Health Services
Contract Budget Summary

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2007 — To: June 30, 2008
Amendment Number: — For the Period From: — To:

	Cost Center	A	B	C	D	E	F	Program Cost Page 2 Subtotal	Total Program Cost
1	CCTC, Frontline or N/A	N/A	N/A	N/A	N/A	N/A			
2	Adult/Child	C & A	C & A	C & A	C & A	C & A			
3	Service Function	MHS / OP	Med	Crisis Int	C.M. Brkg	MHS-R			
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)	52,691	55,678	123,214	16,309	1,505			249,398
6	Operating Expenses (Schedule I)	36,360	38,422	85,027	11,254	1,039			172,102
7	Fixed Assets (Schedule II)								
8	Gross Cost (Lines 5+6+7)	$89,051	$94,100	$208,241	$27,564	$2,544			$421,500
9	Indirect Cost (Schedule III)	17,810	18,820	41,648	5,513	509			84,300
10	Adjusted Gross Cost (Lines 8+9)	$106,862	$112,920	$249,889	$33,076	$3,053			$505,800
11	Total Units of Service	801	915	1,258	320	23			3,318
12	Cost Per Unit of Service	$133.44	$123.38	$198.58	$103.26	$133.44			$152.46
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service	801	915	1,258	320	23			3,318
16	Contract Cost per Unit of Service	$133.44	$123.38	$198.58	$103.26	$133.44			$152.46
17	Total Billing Units (M/C & Non-M/C)	48,048	27,456	75,504	19,219	1,373			171,600
18	Contract Cost per Billing Unit	$2.22	$4.11	$3.31	$1.72	$2.22			$2.95
	Contract Gross Costs	$106,862	$112,920	$249,889	$33,076	$3,053			$505,800
	Less Contract Revenues:								
20	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**	$106,862	$112,920	$249,889	$33,076	$3,053			$505,800
29	Total SD/MC Billing Units	9,610	5,491	15,101	3,844	275			34,320
30	Medi-Cal Gross	$21,372	$22,584	$49,978	$6,615	$611			$101,160

Prepared By: Barent P. Mynderse, Director — Date: 05/24/2006
Name/Title

Service Function		
Day/Comm Svcs	**24 Hour**	**Outpatient**
Intensive (Full, 1/2)	Crisis Residential	M.H. Services
Rehabilitation (Full, 1/2)	Adult Residential	Med. Support
Socialization		Crisis Intervention
Community Services		C.M. Brokerage

SD/MC Total Cost	$101,160
MAA Medi-Cal	
SAMHSA	
PATH Allocation	
State General Funds	
Other	
Net	$404,640
Contract Maximum	$505,800

County San Diego - Health and Human Services Agency
Mental Health Services
Contract Budget Summary

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2007 — To: June 30, 2008
Amendment Number: — For the Period From: — To:

	Cost Center	G	H	I	J	K	L	M	Program Cost Page 2 Subtotal
1	CCTC, Frontline or N/A								
2	Adult/Child								
3	Service Function (per CR/DR)								
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)								
6	Operating Expenses (Schedule I)								
7	Fixed Assets (Schedule II)								
8	Gross Cost (Lines 5+6+7)								
9	Indirect Cost (Schedule III)								
10	Adjusted Gross Cost (Lines 8+9)								
11	Total Units of Service								
12	Cost Per Unit of Service								
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service								
16	Contract Cost per Units of Service								
17	Total Billing Units (M/C & Non-M/C)								
18	Contract Cost per Billing Unit								
	Contract Gross Costs								
	ss Contract Revenues:								
20	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**								

29	Total SD/MC Billing Units								
30	Medi-Cal Gross								

	*** For Mental Health Services (MHS) units. List budgeted units and billing units by Service Function ***					
	Service Function	Assessment	Collateral	Group	Individual	Total
31	Mental Health Units of Service	400	240	40	120	801
32	Billing Units (M/C & Non-M/C)	9,610	14,414	2,402	21,622	48,048

Service Function Index					
Service Function	Units of Service *	Billing Units +	Service Function	Units of Service *	Billing Units +
Outpatient Services	Visit	Minutes	Day Treatment Intensive	Day	Day
Mental Health Services (MHS)	Visit	Minutes	Day Treatment Rehabilitation	Day	Day
Medication Support	Visit	Minutes	Crisis Residential	Day	Day
Crisis Intervention	Visit	Minutes	Adult Residential	Day	Day
Case Management Brokerage	Visit	Minutes			

County San Diego – Health and Human Services Agency
Mental Health Services
Contract Budget Schedule I – Salaries and Operating Expenses

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2007 — To: June 30, 2008
Amendment Number: — For the Period From: — To:

	Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Direct	Annualized FTE Prog. Admin.	Number of Months	Direct Services Expense	Program Admin. Expense	Total Salary Expense
1	Director	124,590		0.02	12.00		2,492	$2,492
2	Program Coordinator	68,250	0.50	0.50	12.00	34,125	34,125	$68,250
3	PSW I	43,264	0.50		12.00	21,632		$21,632
4	PSW II	54,600	1.00		12.00	54,600		$54,600
5	Case Manager	32,448	0.20		12.00	6,490		$6,490
6	Administrative Associate	30,285		1.00	12.00		30,285	$30,285
7	Business Unit Coordinator	49,542		0.02	12.00		991	$991
8								
9								
10								
11								
12								
	Sub Total FTE and Salaries		2.20	1.54	N/A	$116,847	$67,892	$184,739
	Total Employee Benefits							64,659
	Salaries & Benefits Total							$249,398

	Operating Expenses	Amount
13	Building Rent & Leases	44,723
14	Equipment Rent & Leases	2,448
15	Building Repairs/Maintenance	204
	Equipment Repair/Maintenance	77
17	*Leasehold Improvements	250
18	Telephone	7,800
19	Utilities	4,284
20	Supplies Minor Equipment	204
21	Office Supplies	1,224
22	Pharmaceutical	17,778
23	Medical Supplies	765
24	Other Supplies	155
25	Printing	102
26	Insurance: Professional Liability	153
27	Insurance: Other	26
28	*Consultants (from Schedule II)	68,630
29	Staff Development/Training	293
30	Accounting/Auditing/Legal Fees	102
31	Other Business Services	53
32	24 Hour Program: Food	
33	24 Hour Program: Personal Needs Items	
34	Laboratory Services	3,180
35	Travel Local	18,537
36	Client Transportation	1,040
37	Dues and Subscriptions	51
38	Interest Expense	
39	Tax/License	26
40	Other: (list)	
	Operating Expenses Total	$172,102

Gross Cost	Amount
*Total Salary & Benefits	249,398
*Program Operating Expenses	172,102
*Fixed Assets (Schedule II)	
*Indirect Costs (Schedule III)	84,300
Operating Total (Lines 16 + 17 + 18)	$256,402
Program Total (Lines 15 + 19)	$505,800

*** May not be exceeded without prior HHSA approval.**

County of San Diego – Health and Human Services Agency
Mental Health Services
Contract Budget Schedule II – Fixed Assets and Consultants

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2007 — To: June 30, 2008
Amendment Number: — For the Period From: — To:

Fixed Asset

	Description of Fixed Asset	# of Units		Cost per Unit	Total Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
	Total Fixed Assets				

Consultant Agreements – Direct Services

	Name	Agency	Position Class	Hours		Rate	Amount
14	Psychiatrist TBA	UCSD	Psychiatrist	832		77.25	64,272
16							
17							
18							
19							
20							
21							
22							
23							
24							
	Total Direct Services Consultants						$64,272

Consultant Agreements - Program Management Function

	Name	Agency	Position Class	Hours		Rate	Amount
25	Saul Levine, MD	UCSD	Chief of Psychiatry	15		173.82	2,607
26	Gabrielle Cerda, MD	UCSD	Clinical Director	20		87.51	1,750
27							
28							
29							
30							
31							
32							
33							
34							
35							
	Total Prog. Mgt. Consultant						$4,358

Total Consultant Agreements	$68,630

Cour f San Diego – Health and Human Services Ager
Mental Health Services
Contract Budget Schedule III – Indirect Costs

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
am Name: N.C. Walk-In Clinic / Mobile Assessment Team
.ract Number: 43207 — For the Period From: July 1, 2007 — To: June 30, 2008
Amendment Number: — For the Period From: — To:

	Administrative Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Total	% of FTE Allocated To Program	FTE Allocated To Program	Number of Months	Total Salary Expense
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
	Sub Total FTE and Salaries			N/A		N/A	

Total Administrative Benefits	
Total Admin. Salaries & Benefits	
Total Administrative Operating Expenses	84,300
Total Administrative Consultant Services	
Total Indirect Costs	$84,300

	Administrative Operating Expenses	Amount	% Allocated to Program	Indirect Cost
13				
14	Indirects	84,300	100.00%	84,300
15				
16				
17				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
	Admin. Operating Expenses Total	$84,300	N/A	$84,300

	Administrative Consultant Services			
36				
37				
38				
	Admin. Consultant Services Total		N/A	

Indirect Costs Methodology

Children's Hosptial – San Diego uses the simplified allocation method, as described in Office of Management & Budget Circular A-122, to determine the indirect rate. The allocation is determined by separating the organization's total costs for the base period as either direct or indirect and dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that gets submitted to the Division of Cost Allocation for approval. Once approved, this rate is the basis for distributing indirect costs to individual awards. The current approved rates in effect for the fiscal year ended June 30, 2005 and 2006 are 43.5% for Other Sponsored Projects and 62% for Research. They were determined using the fiscal year ended June 30, 2003 audited expenses. The proposal for the indirect cost rate to be in effect for fiscal year ended June 30, 2007 and 2008 has been submitted to the DCA based on the fiscal year ended June 30, 2005 audited expenses. The proposed rates for Other Sponsored Projects and Research are 55.10% and 83.73%, respectively. Article # 4.3.4.1. of the County Agreement Contract # 43207, states that the ratio of actual total Indirect Cost to actual total Gross Cost shall not exceed 125% of the ratio of each program's total budgeted Indirect Cost to budgeted Gross Cost, as itemized on the Agreement Program Budget Summary." Children's Hospital – San Diego will allocate a 20% fixed indirect rate and directly allocate a reasonable portion of costs that are normally considered indirect for purposes of calculating the Federal approved indirect rate. This total amount will be allocated to its CMHS budgets, which is less than CHSD's rates of 55.10% or 83.73%, but consistent with Article 4.3.4.1. of the County Agreement Contract # 43207.

C ty of San Diego – Health and Human Servic Agency
Mental Health Services
Contract Budget Summary

C ract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2008 — To: June 30, 2009
Amendment Number: — For the Period From: — To:

	Cost Center	A	B	C	D	E	F	Program Cost Page 2 Subtotal	Total Program Cost
1	CCTC, Frontline or N/A	N/A	N/A	N/A	N/A	N/A			
2	Adult/Child	C & A	C & A	C & A	C & A	C & A			
3	Service Function	MHS / OP	Med	Crisis Int	C.M. Brkg	MHS-R			
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)	52,461	55,061	121,849	17,610	1,701			248,682
6	Operating Expenses (Schedule I)	36,457	38,264	84,677	12,237	1,182			172,818
7	Fixed Assets (Schedule II)								
8	Gross Cost (Lines 5+6+7)	$88,919	$93,325	$206,526	$29,847	$2,884			$421,500
9	Indirect Cost (Schedule III)	17,784	18,665	41,305	5,969	577			84,300
10	Adjusted Gross Cost (Lines 8+9)	$106,702	$111,990	$247,831	$35,816	$3,461			$505,800
11	Total Units of Service	705	801	1,101	306	23			2,936
12	Cost Per Unit of Service	$151.25	$139.85	$225.08	$117.04	$151.25			$172.26
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service	705	801	1,101	306	23			2,936
16	Contract Cost per Unit of Service	$151.25	$139.85	$225.08	$117.04	$151.25			$172.26
17	Total Billing Units (M/C & Non-M/C)	42,328	24,024	66,066	18,361	1,373			152,152
18	Contract Cost per Billing Unit	$2.52	$4.66	$3.75	$1.95	$2.52			$3.32
	Contract Gross Costs	$106,702	$111,990	$247,831	$35,816	$3,461			$505,800
	ess Contract Revenues:								
20	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**	$106,702	$111,990	$247,831	$35,816	$3,461			$505,800
29	Total SD/MC Billing Units	8,466	4,805	13,213	3,672	275			30,430
30	Medi-Cal Gross	$21,340	$22,398	$49,566	$7,163	$692			$101,160

Prepared By: Barent P. Mynderse, Director — Name/Title
Date: 05/24/2006

Service Function		
Day/Comm Svcs	**24 Hour**	**Outpatient**
Intensive (Full, 1/2)	Crisis Residential	M.H. Services
Rehabilitation (Full, 1/2)	Adult Residential	Med. Support
Socialization		Crisis Intervention
Community Services		C.M. Brokerage

SD/MC Total Cost	$101,160
MAA Medi-Cal	
SAMHSA	
PATH Allocation	
State General Funds	
Other	
Net	$404,640
Contract Maximum	$505,800

County of San Diego - Health and Human Services Agency
Mental Health Services
Contract Budget Summary

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2008 — To: June 30, 2009
Amendment Number: — For the Period From: — To:

	Cost Center	G	H	I	J	K	L	M	
1	CCTC, Frontline or N/A								Program Cost Page 2 Subtotal
2	Adult/Child								
3	Service Function (per CR/DR)								
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)								
6	Operating Expenses (Schedule I)								
7	Fixed Assets (Schedule II)								
8	Gross Cost (Lines 5+6+7)								
9	Indirect Cost (Schedule III)								
10	Adjusted Gross Cost (Lines 8+9)								
11	Total Units of Service								
12	Cost Per Unit of Service								
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service								
16	Contract Cost per Units of Service								
17	Total Billing Units (M/C & Non-M/C)								
18	Contract Cost per Billing Unit								
	Contract Gross Costs								
	Less Contract Revenues:								
20	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**								

29	Total SD/MC Billing Units								
30	Medi-Cal Gross								

	*** For Mental Health Services (MHS) units. List budgeted units and billing units by Service Function ***					
	Service Function	Assessment	Collateral	Group	Individual	Total
31	Mental Health Units of Service	353	212	35	106	705
32	Billing Units (M/C & Non-M/C)	8,466	12,698	2,116	19,048	42,328

Service Function Index

Service Function	Units of Service *	Billing Units +	Service Function	Units of Service *	Billing Units +
Outpatient Services	Visit	Minutes	Day Treatment Intensive	Day	Day
Mental Health Services (MHS)	Visit	Minutes	Day Treatment Rehabilitation	Day	Day
Medication Support	Visit	Minutes	Crisis Residential	Day	Day
Crisis Intervention	Visit	Minutes	Adult Residential	Day	Day
Case Management Brokerage	Visit	Minutes			

County `an Diego – Health and Human Services Age-cy
Mental Health Services
Contract Budget Schedule I – Salaries and Operating Expenses

C>ntract Provider:	Children's Hospital - San Diego, Outpatient Psychiatry			Provider Number:	TBA
gram Name:	N.C. Walk-In Clinic / Mobile Assessment Team				
Contract Number:	43207	For the Period From:	July 1, 2008	To:	June 30, 2009
Amendment Number:		For the Period From:		To:	

	Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Direct	Annualized FTE Prog. Admin.	Number of Months	Direct Services Expense	Program Admin. Expense	Total Salary Expense
1	Director	130,819		0.02	12.00		2,616	$2,616
2	Program Coordinator	71,663	0.50	0.50	12.00	35,831	35,831	$71,663
3	PSW II	47,840	0.25		12.00	11,960		$11,960
4	PSW II	57,330	1.00		12.00	57,330		$57,330
5	Case Manager	33,746	0.20		12.00	6,749		$6,749
6	Administrative Associate	31,496		1.00	12.00		31,496	$31,496
7	Business Unit Coordinator	52,019		0.02	12.00		1,040	$1,040
8								
9								
10								
11								
12								
	Sub Total FTE and Salaries		1.95	1.54	N/A	$111,870	$70,984	$182,855
					Total Employee Benefits			65,828
					Salaries & Benefits Total			$248,682

	Operating Expenses	Amount
13	Building Rent & Leases	49,829
14	Equipment Rent & Leases	2,497
15	Building Repairs/Maintenance	208
	Equipment Repair/Maintenance	78
17	*Leasehold Improvements	103
18	Telephone	7,956
19	Utilities	4,370
20	Supplies Minor Equipment	208
21	Office Supplies	1,248
22	Pharmaceutical	18,223
23	Medical Supplies	780
24	Other Supplies	158
25	Printing	104
26	Insurance: Professional Liability	156
27	Insurance: Other	26
28	*Consultants (from Schedule II)	62,413
29	Staff Development/Training	299
30	Accounting/Auditing/Legal Fees	104
31	Other Business Services	54
32	24 Hour Program: Food	
33	24 Hour Program: Personal Needs Items	
34	Laboratory Services	3,371
35	Travel Local	19,464
36	Client Transportation	1,091
37	Dues and Subscriptions	52
38	Interest Expense	
39	Tax/License	26
40	Other: (list)	
	Operating Expenses Total	$172,818

Gross Cost	Amount
*Total Salary & Benefits	248,682
*Program Operating Expenses	172,818
*Fixed Assets (Schedule II)	
*Indirect Costs (Schedule III)	84,300
Operating Total (Lines 16 + 17 + 18)	$257,118
Program Total (Lines 15 + 19)	$505,800

*** May not be exceeded without prior HHSA approval.**

Cou[illegible] of San Diego – Health and Human Services A[illegible]ency
Mental Health Services
Contract Budget Schedule II – Fixed Assets and Consultants

[illegible]act Provider:	Children's Hospital - San Diego, Outpatient Psychiatry			Provider Number: TBA	
Program Name:	N.C. Walk-In Clinic / Mobile Assessment Team				
Contract Number:	43207	For the Period From:	July 1, 2008	To:	June 30, 2009
Amendment Number:		For the Period From:		To:	

Fixed Asset

	Description of Fixed Asset	# of Units		Cost per Unit	Total Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
	Total Fixed Assets				

Consultant Agreements – Direct Services

	Name	Agency	Position Class	Hours		Rate	Amount
14	Psychiatrist TBA	UCSD	Psychiatrist	728		79.57	57,925
[illegible]							
17							
18							
19							
20							
21							
22							
23							
24							
	Total Direct Services Consultants						$57,925

Consultant Agreements - Program Management Function

	Name	Agency	Position Class	Hours		Rate	Amount
25	Saul Levine, MD	UCSD	Chief of Psychiatry	15		179.04	2,686
26	Gabrielle Cerda, MD	UCSD	Clinical Director	20		90.13	1,803
27							
28							
29							
30							
31							
32							
33							
34							
35							
	[illegible]otal Prog. Mgt. Consultant						$4,488

Total Consultant Agreements	$62,413

Coun' f San Diego – Health and Human Services Agenc'
Mental Health Services
Contract Budget Schedule III – Indirect Costs

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
'am Name: N.C. Walk-In Clinic / Mobile Assessment Team
,act Number: 43207 — For the Period From: July 1, 2008 — To: June 30, 2009
Amendment Number: — For the Period From: — To:

	Administrative Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Total	% of FTE Allocated To Program	FTE Allocated To Program	Number of Months	Total Salary Expense
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
	Sub Total FTE and Salaries			N/A		N/A	

Total Administrative Benefits	
Total Admin. Salaries & Benefits	
Total Administrative Operating Expenses	84,300
Total Administrative Consultant Services	
Total Indirect Costs	**$84,300**

	Administrative Operating Expenses	Amount	% Allocated to Program	Indirect Cost
13				
14	Indirects	84,300	100.00%	84,300
15				
16				
17				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
	Admin. Operating Expenses Total	$84,300	N/A	$84,300

	Administrative Consultant Services			
36				
37				
38				
	Admin. Consultant Services Total		N/A	

Indirect Costs Methodology

Children's Hosptial – San Diego uses the simplified allocation method, as described in Office of Management & Budget Circular A-122, to determine the indirect rate. The allocation is determined by separating the organization's total costs for the base period as either direct or indirect and dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that gets submitted to the Division of Cost Allocation for approval. Once approved, this rate is the basis for distributing indirect costs to individual awards. The current approved rates in effect for the fiscal year ended June 30, 2005 and 2006 are 43.5% for Other Sponsored Projects and 62% for Research. They were determined using the fiscal year ended June 30, 2003 audited expenses. The proposal for the indirect cost rate to be in effect for fiscal year ended June 30, 2007 and 2008 has been submitted to the DCA based on the fiscal year ended June 30, 2005 audited expenses. The proposed rates for Other Sponsored Projects and Research are 55.10% and 83.73%, respectively. Article # 4.3.4.1. of the County Agreement Contract # 43207, states that the ratio of actual total Indirect Cost to actual total Gross Cost shall not exceed 125% of the ratio of each program's total budgeted Indirect Cost to budgeted Gross Cost, as itemized on the Agreement Program Budget Summary." Children's Hospital – San Diego will allocate a 20% fixed indirect rate and directly allocate a reasonable portion of costs that are normally considered indirect for purposes of calculating the Federal approved indirect rate. This total amount will be allocated to its CMHS budgets, which is less than CHSD's rates of 55.10% or 83.73%, but consistent with Article 4.3.4.1. of the County Agreement Contract # 43207.

6. Detailed budgets (option years)

C ty of San Diego – Health and Human Servic Agency
Mental Health Services
Contract Budget Summary

C ict Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
P am Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2009 — To: June 30, 2010
Amendment Number: — For the Period From: — To:

	Cost Center	A	B	C	D	E	F	Program Cost Page 2 Subtotal	Total Program Cost
1	CCTC, Frontline or N/A	N/A	N/A	N/A	N/A	N/A			
2	Adult/Child	C & A	C & A	C & A	C & A	C & A			
3	Service Function	MHS / OP	Med	Crisis Int	C.M. Brkg	MHS-R			
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)	54,003	52,868	124,796	17,846	1,715			251,228
6	Operating Expenses (Schedule I)	36,601	35,832	84,582	12,095	1,163			170,272
7	Fixed Assets (Schedule II)								
8	Gross Cost (Lines 5+6+7)	$90,603	$88,700	$209,378	$29,941	$2,878			$421,500
9	Indirect Cost (Schedule III)	18,121	17,740	41,876	5,988	576			84,300
10	Adjusted Gross Cost (Lines 8+9)	$108,724	$106,440	$251,253	$35,929	$3,454			$505,800
11	Total Units of Service	648	686	1,007	277	21			2,639
12	Cost Per Unit of Service	$167.72	$155.07	$249.58	$129.78	$167.72			$191.68
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service	648	686	1,007	277	21			2,639
16	Contract Cost per Unit of Service	$167.72	$155.07	$249.58	$129.78	$167.72			$191.68
17	Total Billing Units (M/C & Non-M/C)	38,896	20,592	60,403	16,611	1,236			137,738
18	Contract Cost per Billing Unit	$2.80	$5.17	$4.16	$2.16	$2.80			$3.67
	Contract Gross Costs	$108,724	$106,440	$251,253	$35,929	$3,454			$505,800
	ss Contract Revenues:								
20	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**	$108,724	$106,440	$251,253	$35,929	$3,454			$505,800
29	Total SD/MC Billing Units	7,779	4,118	12,081	3,322	247			27,548
30	Medi-Cal Gross	$21,745	$21,288	$50,251	$7,186	$691			$101,160

Prepared By: Barent P. Mynderse, Director
Name/Title

Date: 05/24/2006

Service Function		
Day/Comm Svcs	**24 Hour**	**Outpatient**
Intensive (Full, 1/2)	Crisis Residential	M.H. Services
Rehabilitation (Full, 1/2)	Adult Residential	Med. Support
Socialization		Crisis Intervention
Community Services		C.M. Brokerage

SD/MC Total Cost	$101,160
MAA Medi-Cal	
SAMHSA	
PATH Allocation	
State General Funds	
Other	
Net	$404,640
Contract Maximum	$505,800

County San Diego - Health and Human Services Agency
Mental Health Services
Contract Budget Summary

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2009 — To: June 30, 2010
Amendment Number: — For the Period From: — To:

	Cost Center	G	H	I	J	K	L	M	Program Cost Page 2 Subtotal
1	CCTC, Frontline or N/A								
2	Adult/Child								
3	Service Function (per CR/DR)								
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)								
6	Operating Expenses (Schedule I)								
7	Fixed Assets (Schedule II)								
8	Gross Cost (Lines 5+6+7)								
9	Indirect Cost (Schedule III)								
10	Adjusted Gross Cost (Lines 8+9)								
11	Total Units of Service								
12	Cost Per Unit of Service								
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service								
16	Contract Cost per Units of Service								
17	Total Billing Units (M/C & Non-M/C)								
18	Contract Cost per Billing Unit								
	Contract Gross Costs								
	Less Contract Revenues:								
20	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**								

29	Total SD/MC Billing Units								
30	Medi-Cal Gross								

	*** For Mental Health Services (MHS) units. List budgeted units and billing units by Service Function ***					
	Service Function	Assessment	Collateral	Group	Individual	Total
31	Mental Health Units of Service	324	194	32	97	648
32	Billing Units (M/C & Non-M/C)	7,779	11,669	1,945	17,503	38,896

Service Function Index

Service Function	Units of Service *	Billing Units +	Service Function	Units of Service *	Billing Units +
Outpatient Services	Visit	Minutes	Day Treatment Intensive	Day	Day
Mental Health Services (MHS)	Visit	Minutes	Day Treatment Rehabilitation	Day	Day
Medication Support	Visit	Minutes	Crisis Residential	Day	Day
Crisis Intervention	Visit	Minutes	Adult Residential	Day	Day
Case Management Brokerage	Visit	Minutes			

County of San Diego – Health and Human Services Agency
Mental Health Services
Contract Budget Schedule I – Salaries and Operating Expenses

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2009 — To: June 30, 2010
Amendment Number: — For the Period From: — To:

	Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Direct	Annualized FTE Prog. Admin.	Number of Months	Direct Services Expense	Program Admin. Expense	Total Salary Expense
1	Director	137,360		0.02	12.00		2,747	$2,747
2	Program Coordinator	75,246	0.50	0.50	12.00	37,623	37,623	$75,246
3	PSW II	50,232	0.10		12.00	5,023		$5,023
4	PSW II	60,197	1.00		12.00	60,197		$60,197
5	Case Manager	35,096	0.18		12.00	6,317		$6,317
6	Administrative Associate	32,756		1.00	12.00		32,756	$32,756
7	Business Unit Coordinator	54,620		0.02	12.00		1,092	$1,092
8								
9								
10								
11								
12								
	Sub Total FTE and Salaries		1.78	1.54	N/A	$109,160	$74,218	$183,378
	Total Employee Benefits							67,850
	Salaries & Benefits Total							$251,228

	Operating Expenses	Amount
13	Building Rent & Leases	51,416
14	Equipment Rent & Leases	2,547
15	Building Repairs/Maintenance	212
	Equipment Repair/Maintenance	80
17	*Leasehold Improvements	25
18	Telephone	8,115
19	Utilities	4,457
20	Supplies Minor Equipment	212
21	Office Supplies	1,273
22	Pharmaceutical	19,316
23	Medical Supplies	796
24	Other Supplies	161
25	Printing	106
26	Insurance: Professional Liability	159
27	Insurance: Other	27
28	*Consultants (from Schedule II)	55,708
29	Staff Development/Training	265
30	Accounting/Auditing/Legal Fees	106
31	Other Business Services	55
32	24 Hour Program: Food	
33	24 Hour Program: Personal Needs Items	
34	Laboratory Services	3,573
35	Travel Local	20,437
36	Client Transportation	1,146
37	Dues and Subscriptions	53
38	Interest Expense	
39	Tax/License	27
40	Other: (list)	
	Operating Expenses Total	$170,272

Gross Cost	Amount
*Total Salary & Benefits	251,228
*Program Operating Expenses	170,272
*Fixed Assets (Schedule II)	
*Indirect Costs (Schedule III)	84,300
Operating Total (Lines 16 + 17 + 18)	$254,572
Program Total (Lines 15 + 19)	$505,800

*** May not be exceeded without prior HHSA approval.**

Cou of San Diego – Health and Human Services ency
Mental Health Services
Contract Budget Schedule II – Fixed Assets and Consultants

act Provider:	Children's Hospital - San Diego, Outpatient Psychiatry			Provider Number:	TBA
Program Name:	N.C. Walk-In Clinic / Mobile Assessment Team				
Contract Number:	43207	For the Period From:	July 1, 2009	To:	June 30, 2010
Amendment Number:		For the Period From:		To:	

Fixed Asset

	Description of Fixed Asset	# of Units		Cost per Unit	Total Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
	Total Fixed Assets				

Consultant Agreements – Direct Services

	Name	Agency	Position Class	Hours		Rate	Amount
14	Psychiatrist TBA	UCSD	Psychiatrist	624		81.95	51,140
17							
18							
19							
20							
21							
22							
23							
24							
	Total Direct Services Consultants						$51,140

Consultant Agreements - Program Management Function

	Name	Agency	Position Class	Hours		Rate	Amount
25	Saul Levine, MD	UCSD	Chief of Psychiatry	15		184.41	2,766
26	Gabrielle Cerda, MD	UCSD	Clinical Director	20		90.13	1,803
27							
28							
29							
30							
31							
32							
33							
34							
35							
	tal Prog. Mgt. Consultant						$4,569

Total Consultant Agreements	$55,708

Coun f San Diego – Health and Human Services Agenc
Mental Health Services
Contract Budget Schedule III – Indirect Costs

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
am Name: N.C. Walk-In Clinic / Mobile Assessment Team
ract Number: 43207 — For the Period From: July 1, 2009 — To: June 30, 2010
Amendment Number: — For the Period From: — To:

	Administrative Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Total	% of FTE Allocated To Program	FTE Allocated To Program	Number of Months	Total Salary Expense
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
	Sub Total FTE and Salaries			N/A		N/A	

	Total Administrative Benefits	
	Total Admin. Salaries & Benefits	
	Total Administrative Operating Expenses	84,300
	Total Administrative Consultant Services	
	Total Indirect Costs	$84,300

	Administrative Operating Expenses	Amount	% Allocated to Program	Indirect Cost
13				
14	Indirects	84,300	100.00%	84,300
15				
16				
17				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
	Admin. Operating Expenses Total	$84,300	N/A	$84,300

	Administrative Consultant Services			
36				
37				
38				
	Admin. Consultant Services Total		N/A	

Indirect Costs Methodology

Children's Hosptial – San Diego uses the simplified allocation method, as described in Office of Management & Budget Circular A-122, to determine the indirect rate. The allocation is determined by separating the organization's total costs for the base period as either direct or indirect and dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that gets submitted to the Division of Cost Allocation for approval. Once approved, this rate is the basis for distributing indirect costs to individual awards. The current approved rates in effect for the fiscal year ended June 30, 2005 and 2006 are 43.5% for Other Sponsored Projects and 62% for Research. They were determined using the fiscal year ended June 30, 2003 audited expenses. The proposal for the indirect cost rate to be in effect for fiscal year ended June 30, 2007 and 2008 has been submitted to the DCA based on the fiscal year ended June 30, 2005 audited expenses. The proposed rates for Other Sponsored Projects and Research are 55.10% and 83.73%, respectively. Article # 4.3.4.1. of the County Agreement Contract # 43207, states that the ratio of actual total Indirect Cost to actual total Gross Cost shall not exceed 125% of the ratio of each program's total budgeted Indirect Cost to budgeted Gross Cost, as itemized on the Agreement Program Budget Summary." Children's Hospital – San Diego will allocate a 20% fixed indirect rate and directly allocate a reasonable portion of costs that are normally considered indirect for purposes of calculating the Federal approved indirect rate. This total amount will be allocated to its CMHS budgets, which is less than CHSD's rates of 55.10% or 83.73%, but consistent with Article 4.3.4.1. of the County Agreement Contract # 43207.

C' ty of San Diego – Health and Human Servic' Agency
Mental Health Services
Contract Budget Summary

C 'ract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
am Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2010 — To: June 30, 2011
Amendment Number: — For the Period From: — To:

	Cost Center	A	B	C	D	E	F	Program Cost Page 2 Subtotal	Total Program Cost
1	CCTC, Frontline or N/A	N/A	N/A	N/A	N/A	N/A			
2	Adult/Child	C & A	C & A	C & A	C & A	C & A			
3	Service Function	MHS / OP	Med	Crisis Int	C.M. Brkg	MHS-R			
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)	61,592	43,181	141,260	10,213	508			256,754
6	Operating Expenses (Schedule I)	39,521	27,707	90,639	6,553	326			164,746
7	Fixed Assets (Schedule II)								
8	Gross Cost (Lines 5+6+7)	$101,113	$70,888	$231,900	$16,766	$833			$421,500
9	Indirect Cost (Schedule III)	20,223	14,178	46,380	3,353	167			84,300
10	Adjusted Gross Cost (Lines 8+9)	$121,336	$85,065	$278,279	$20,119	$1,000			$505,800
11	Total Units of Service	694	526	1,070	149	6			2,444
12	Cost Per Unit of Service	$174.83	$161.65	$260.16	$135.28	$174.83			$206.93
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service	694	526	1,070	149	6			2,444
16	Contract Cost per Unit of Service	$174.83	$161.65	$260.16	$135.28	$174.83			$206.93
17	Total Billing Units (M/C & Non-M/C)	41,642	15,787	64,178	8,923	343			130,874
18	Contract Cost per Billing Unit	$2.91	$5.39	$4.34	$2.25	$2.91			$3.86
	Contract Gross Costs	$121,336	$85,065	$278,279	$20,119	$1,000			$505,800
	ess Contract Revenues:								
20	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**	$121,336	$85,065	$278,279	$20,119	$1,000			$505,800
29	Total SD/MC Billing Units	8,328	3,157	12,836	1,785	69			26,175
30	Medi-Cal Gross	$24,267	$17,013	$55,656	$4,024	$200			$101,160

Prepared By: Barent P. Mynderse, Director — Date: 05/24/2006
Name/Title

Service Function		
Day/Comm Svcs	**24 Hour**	**Outpatient**
Intensive (Full, 1/2)	Crisis Residential	M.H. Services
Rehabilitation (Full, 1/2)	Adult Residential	Med. Support
Socialization		Crisis Intervention
Community Services		C.M. Brokerage

SD/MC Total Cost	$101,160
MAA Medi-Cal	
SAMHSA	
PATH Allocation	
State General Funds	
Other	
Net	$404,640
Contract Maximum	$505,800

County of San Diego - Health and Human Services Agency
Mental Health Services
Contract Budget Summary

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2010 — To: June 30, 2011
Amendment Number: — For the Period From: — To:

	Cost Center	G	H	I	J	K	L	M	Program Cost Page 2 Subtotal
1	CCTC, Frontline or N/A								
2	Adult/Child								
3	Service Function (per CR/DR)								
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)								
6	Operating Expenses (Schedule I)								
7	Fixed Assets (Schedule II)								
8	Gross Cost (Lines 5+6+7)								
9	Indirect Cost (Schedule III)								
10	Adjusted Gross Cost (Lines 8+9)								
11	Total Units of Service								
12	Cost Per Unit of Service								
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service								
16	Contract Cost per Units of Service								
17	Total Billing Units (M/C & Non-M/C)								
18	Contract Cost per Billing Unit								
	Contract Gross Costs								
	Less Contract Revenues:								
20	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**								

29	Total SD/MC Billing Units								
30	Medi-Cal Gross								

	*** For Mental Health Services (MHS) units. List budgeted units and billing units by Service Function ***					
	Service Function	Assessment	Collateral	Group	Individual	Total
31	Mental Health Units of Service	347	208	35	104	694
32	Billing Units (M/C & Non-M/C)	8,328	12,492	2,082	18,739	41,642

Service Function Index

Service Function	Units of Service *	Billing Units +	Service Function	Units of Service *	Billing Units +
Outpatient Services	Visit	Minutes	Day Treatment Intensive	Day	Day
Mental Health Services (MHS)	Visit	Minutes	Day Treatment Rehabilitation	Day	Day
Medication Support	Visit	Minutes	Crisis Residential	Day	Day
Crisis Intervention	Visit	Minutes	Adult Residential	Day	Day
Case Management Brokerage	Visit	Minutes			

County an Diego – Health and Human Services Ag y
Mental Health Services
Contract Budget Schedule I – Salaries and Operating Expenses

'ract Provider: Children's Hospital - San Diego, Outpatient Psychiatry Provider Number: TBA
ram Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 For the Period From: July 1, 2010 To: June 30, 2011
Amendment Number: For the Period From: To:

	Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Direct	Annualized FTE Prog. Admin.	Number of Months	Direct Services Expense	Program Admin. Expense	Total Salary Expense
1	Director	144,228		0.02	12.00		2,885	$2,885
2	Program Coordinator	79,008	0.55	0.45	12.00	43,454	35,554	$79,008
3	PSW II	52,744	0.10		12.00	5,274		$5,274
4	PSW II	63,206	1.00		12.00	63,206		$63,206
5	Case Manager	36,500	0.05		12.00	1,825		$1,825
6	Administrative Associate	34,066		1.00	12.00		34,066	$34,066
7	Business Unit Coordinator	57,351		0.02	12.00		1,147	$1,147
8								
9								
10								
11								
12								
	Sub Total FTE and Salaries		1.70	1.49	N/A	$113,760	$73,651	$187,411
	Total Employee Benefits							69,342
	Salaries & Benefits Total							$256,754

	Operating Expenses	Amount
13	Building Rent & Leases	53,056
14	Equipment Rent & Leases	2,598
	Building Repairs/Maintenance	216
	Equipment Repair/Maintenance	81
17	*Leasehold Improvements	25
18	Telephone	8,277
19	Utilities	4,546
20	Supplies Minor Equipment	216
21	Office Supplies	1,299
22	Pharmaceutical	21,062
23	Medical Supplies	812
24	Other Supplies	165
25	Printing	108
26	Insurance: Professional Liability	162
27	Insurance: Other	27
28	*Consultants (from Schedule II)	45,089
29	Staff Development/Training	311
30	Accounting/Auditing/Legal Fees	108
31	Other Business Services	56
32	24 Hour Program: Food	
33	24 Hour Program: Personal Needs Items	
34	Laboratory Services	3,787
35	Travel Local	21,459
36	Client Transportation	1,203
37	Dues and Subscriptions	54
38	Interest Expense	
39	Tax/License	27
40	Other: (list)	
42		
	Operating Expenses Total	$164,746

Gross Cost	Amount
*Total Salary & Benefits	256,754
*Program Operating Expenses	164,746
*Fixed Assets (Schedule II)	
*Indirect Costs (Schedule III)	84,300
Operating Total (Lines 16 + 17 + 18)	$249,046
Program Total (Lines 15 + 19)	$505,800

*** May not be exceeded without prior HHSA approval.**

Co ' of San Diego – Health and Human Service gency
Mental Health Services
Contract Budget Schedule II – Fixed Assets and Consultants

.ract Provider: Children's Hospital - San Diego, Outpatient Psychiatry Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 For the Period From: July 1, 2010 To: June 30, 2011
Amendment Number: For the Period From: To:

Fixed Asset

	Description of Fixed Asset	# of Units		Cost per Unit	Total Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
	Total Fixed Assets				

Consultant Agreements – Direct Services

	Name	Agency	Position Class	Hours		Rate	Amount
14	Psychiatrist TBA	UCSD	Psychiatrist	478		84.41	40,383
16							
17							
18							
19							
20							
21							
22							
23							
24							
	Total Direct Services Consultants						$40,383

Consultant Agreements - Program Management Function

	Name	Agency	Position Class	Hours		Rate	Amount
25	Saul Levine, MD	UCSD	Chief of Psychiatry	15		189.94	2,849
26	Gabrielle Cerda, MD	UCSD	Clinical Director	20		92.84	1,857
27							
28							
29							
30							
31							
32							
33							
34							
35							
	Total Prog. Mgt. Consultant						$4,706

Total Consultant Agreements	$45,089

Coun ' San Diego – Health and Human Services Agen
Mental Health Services
Contract Budget Schedule III – Indirect Costs

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
am Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2010 — To: June 30, 2011
Amendment Number: — For the Period From: — To:

	Administrative Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Total	% of FTE Allocated To Program	FTE Allocated To Program	Number of Months	Total Salary Expense
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
	Sub Total FTE and Salaries			N/A		N/A	

Total Administrative Benefits	
Total Admin. Salaries & Benefits	
Total Administrative Operating Expenses	84,300
Total Administrative Consultant Services	
Total Indirect Costs	$84,300

	Administrative Operating Expenses	Amount	% Allocated to Program	Indirect Cost
13				
14	Indirects	84,300	100.00%	84,300
15				
16				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
	Admin. Operating Expenses Total	$84,300	N/A	$84,300

	Administrative Consultant Services			
36				
37				
38				
	Admin. Consultant Services Total		N/A	

Indirect Costs Methodology

Children's Hosptial – San Diego uses the simplified allocation method, as described in Office of Management & Budget Circular A-122, to determine the indirect rate. The allocation is determined by separating the organization's total costs for the base period as either direct or indirect and dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that gets submitted to the Division of Cost Allocation for approval. Once approved, this rate is the basis for distributing indirect costs to individual awards. The current approved rates in effect for the fiscal year ended June 30, 2005 and 2006 are 43.5% for Other Sponsored Projects and 62% for Research. They were determined using the fiscal year ended June 30, 2003 audited expenses. The proposal for the indirect cost rate to be in effect for fiscal year ended June 30, 2007 and 2008 has been submitted to the DCA based on the fiscal year ended June 30, 2005 audited expenses. The proposed rates for Other Sponsored Projects and Research are 55.10% and 83.73%, respectively. Article # 4.3.4.1. of the County Agreement Contract # 43207, states that the ratio of actual total Indirect Cost to actual total Gross Cost shall not exceed 125% of the ratio of each program's total budgeted Indirect Cost to budgeted Gross Cost, as itemized on the Agreement Program Budget Summary." Children's Hospital – San Diego will allocate a 20% fixed indirect rate and directly allocate a reasonable portion of costs that are normally considered indirect for purposes of calculating the Federal approved indirect rate. This total amount will be allocated to its CMHS budgets, which is less than CHSD's rates of 55.10% or 83.73%, but consistent with Article 4.3.4.1. of the County Agreement Contract # 43207.

C ty of San Diego – Health and Human Servic \gency
Mental Health Services
Contract Budget Summary

ract Provider:	Children's Hospital - San Diego, Outpatient Psychiatry			Provider Number: TBA	
gram Name:	N.C. Walk-In Clinic / Mobile Assessment Team				
Contract Number:	43207	For the Period From:	July 1, 2011	To:	June 30, 2012
Amendment Number:		For the Period From:		To:	

	Cost Center	A	B	C	D	E	F	Program Cost Page 2 Subtotal	Total Program Cost
1	CCTC, Frontline or N/A	N/A	N/A	N/A	N/A	N/A			
2	Adult/Child	C & A	C & A	C & A	C & A	C & A			
3	Service Function	MHS / OP	Med	Crisis Int	C.M. Brkg	MHS-R			
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)	45,912	38,158	164,662	8,024	206			256,961
6	Operating Expenses (Schedule I)	29,399	24,433	105,437	5,138	132			164,539
7	Fixed Assets (Schedule II)								
8	Gross Cost (Lines 5+6+7)	$75,310	$62,591	$270,099	$13,161	$338			$421,500
9	Indirect Cost (Schedule III)	15,062	12,518	54,020	2,632	68			84,300
10	Adjusted Gross Cost (Lines 8+9)	$90,373	$75,109	$324,119	$15,793	$406			$505,800
11	Total Units of Service	509	458	1,227	115	2			2,311
12	Cost Per Unit of Service	$177.52	$164.14	$264.17	$137.37	$177.52			$218.88
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service	509	458	1,227	115	2			2,311
16	Contract Cost per Unit of Service	$177.52	$164.14	$264.17	$137.37	$177.52			$218.88
17	Total Billing Units (M/C & Non-M/C)	30,545	13,728	73,616	6,898	137			124,925
18	Contract Cost per Billing Unit	$2.96	$5.47	$4.40	$2.29	$2.96			$4.05
	Contract Gross Costs	$90,373	$75,109	$324,119	$15,793	$406			$505,800
	Less Contract Revenues:								
20	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**	$90,373	$75,109	$324,119	$15,793	$406			$505,800
29	Total SD/MC Billing Units	6,109	2,746	14,723	1,380	27			24,985
30	Medi-Cal Gross	$18,075	$15,022	$64,824	$3,159	$81			$101,160

Prepared By: Barent P. Mynderse, Director
Name/Title

Date: 05/24/2006

Service Function		
Day/Comm Svcs	**24 Hour**	**Outpatient**
Intensive (Full, 1/2)	Crisis Residential	M.H. Services
Rehabilitation (Full, 1/2)	Adult Residential	Med. Support
Socialization		Crisis Intervention
Community Services		C.M. Brokerage

SD/MC Total Cost	$101,160
MAA Medi-Cal	
SAMHSA	
PATH Allocation	
State General Funds	
Other	
Net	$404,640
Contract Maximum	$505,800

County of San Diego - Health and Human Services Agency
Mental Health Services
Contract Budget Summary

tract Provider:	Children's Hospital - San Diego, Outpatient Psychiatry			Provider Number: TBA
gram Name:	N.C. Walk-In Clinic / Mobile Assessment Team			
Contract Number:	43207	For the Period From:	July 1, 2011	To: June 30, 2012
Amendment Number:		For the Period From:		To:

	Cost Center	G	H	I	J	K	L	M	Program Cost Page 2 Subtotal
1	CCTC, Frontline or N/A								
2	Adult/Child								
3	Service Function (per CR/DR)								
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)								
6	Operating Expenses (Schedule I)								
7	Fixed Assets (Schedule II)								
8	Gross Cost (Lines 5+6+7)								
9	Indirect Cost (Schedule III)								
10	Adjusted Gross Cost (Lines 8+9)								
11	Total Units of Service								
12	Cost Per Unit of Service								
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service								
16	Contract Cost per Units of Service								
17	Total Billing Units (M/C & Non-M/C)								
18	Contract Cost per Billing Unit								
	Contract Gross Costs								
	Less Contract Revenues:								
20	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**								

29	Total SD/MC Billing Units								
30	Medi-Cal Gross								

	*** For Mental Health Services (MHS) units. List budgeted units and billing units by Service Function ***					
	Service Function	Assessment	Collateral	Group	Individual	Total
31	Mental Health Units of Service	255	153	25	76	509
32	Billing Units (M/C & Non-M/C)	6,109	9,163	1,527	13,745	30,545

Service Function Index					
Service Function	Units of Service *	Billing Units +	Service Function	Units of Service *	Billing Units +
Outpatient Services	Visit	Minutes	Day Treatment Intensive	Day	Day
Mental Health Services (MHS)	Visit	Minutes	Day Treatment Rehabilitation	Day	Day
Medication Support	Visit	Minutes	Crisis Residential	Day	Day
Crisis Intervention	Visit	Minutes	Adult Residential	Day	Day
Case Management Brokerage	Visit	Minutes			

County an Diego – Health and Human Services Ag
Mental Health Services
Contract Budget Schedule I – Salaries and Operating Expenses

tract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
gram Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2011 — To: June 30, 2012
Amendment Number: — For the Period From: — To:

	Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Direct	Annualized FTE Prog. Admin.	Number of Months	Direct Services Expense	Program Admin. Expense	Total Salary Expense
1	Director	151,440		0.02	12.00		3,029	$3,029
2	Program Coordinator	82,958	0.65	0.35	12.00	53,923	29,035	$82,958
3	PSW II	66,367	1.00		12.00	66,367		$66,367
4	Case Manager	37,960	0.02		12.00	759		$759
5	Administrative Associate	35,429		0.90	12.00		31,886	$31,886
6	Business Unit Coordinator	60,219		0.02	12.00		1,204	$1,204
7								
8								
9								
10								
11								
12								
	Sub Total FTE and Salaries		1.67	1.29	N/A	$121,049	$65,155	$186,203
	Total Employee Benefits							70,757
	Salaries & Benefits Total							$256,961

	Operating Expenses	Amount
13	Building Rent & Leases	54,749
14	Equipment Rent & Leases	2,650
	Building Repairs/Maintenance	221
	Equipment Repair/Maintenance	83
17	*Leasehold Improvements	25
18	Telephone	8,443
19	Utilities	4,637
20	Supplies Minor Equipment	221
21	Office Supplies	1,325
22	Pharmaceutical	21,492
23	Medical Supplies	828
24	Other Supplies	168
25	Printing	110
26	Insurance: Professional Liability	166
27	Insurance: Other	28
28	*Consultants (from Schedule II)	41,016
29	Staff Development/Training	317
30	Accounting/Auditing/Legal Fees	110
31	Other Business Services	57
32	24 Hour Program: Food	
33	24 Hour Program: Personal Needs Items	
34	Laboratory Services	4,015
35	Travel Local	22,531
36	Client Transportation	1,264
37	Dues and Subscriptions	55
38	Interest Expense	
39	Tax/License	28
40	Other: (list)	
42		
	Operating Expenses Total	$164,539

Gross Cost	Amount
*Total Salary & Benefits	256,961
*Program Operating Expenses	164,539
*Fixed Assets (Schedule II)	
*Indirect Costs (Schedule III)	84,300
Operating Total (Lines 16 + 17 + 18)	$248,839
Program Total (Lines 15 + 19)	$505,800

*** May not be exceeded without prior HHSA approval.**

Co[illegible] of San Diego – Health and Human Service[illegible]ency
Mental Health Services
Contract Budget Schedule II – Fixed Assets and Consultants

[illegible]ract Provider: Children's Hospital - San Diego, Outpatient Psychiatry Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 For the Period From: July 1, 2011 To: June 30, 2012
Amendment Number: For the Period From: To:

	Fixed Asset				
	Description of Fixed Asset	# of Units		Cost per Unit	Total Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
	Total Fixed Assets				

	Consultant Agreements – Direct Services						
	Name	Agency	Position Class	Hours		Rate	Amount
	Psychiatrist TBA	UCSD	Psychiatrist	416		86.95	36,169
16							
17							
18							
19							
20							
21							
22							
23							
24							
	Total Direct Services Consultants						$36,169

	Consultant Agreements - Program Management Function						
	Name	Agency	Position Class	Hours		Rate	Amount
25	Saul Levine, MD	UCSD	Chief of Psychiatry	15		195.64	2,935
26	Gabrielle Cerda, MD	UCSD	Clinical Director	20		95.62	1,912
27							
28							
29							
30							
31							
32							
33							
34							
35							
	[illegible]otal Prog. Mgt. Consultant						$4,847

Total Consultant Agreements	$41,016

Cour. f San Diego – Health and Human Services Ager
Mental Health Services
Contract Budget Schedule III – Indirect Costs

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2011 — To: June 30, 2012
Amendment Number: — For the Period From: — To:

	Administrative Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Total	% of FTE Allocated To Program	FTE Allocated To Program	Number of Months	Total Salary Expense
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
	Sub Total FTE and Salaries			N/A		N/A	

	Total Administrative Benefits	
	Total Admin. Salaries & Benefits	
	Total Administrative Operating Expenses	84,300
	Total Administrative Consultant Services	
	Total Indirect Costs	$84,300

	Administrative Operating Expenses	Amount	% Allocated to Program	Indirect Cost
13				
14	Indirects	84,300	100.00%	84,300
15				
16				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
	Admin. Operating Expenses Total	$84,300	N/A	$84,300

	Administrative Consultant Services			
36				
37				
38				
	Admin. Consultant Services Total		N/A	

Indirect Costs Methodology

Children's Hosptial – San Diego uses the simplified allocation method, as described in Office of Management & Budget Circular A-122, to determine the indirect rate. The allocation is determined by separating the organization's total costs for the base period as either direct or indirect and dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that gets submitted to the Division of Cost Allocation for approval. Once approved, this rate is the basis for distributing indirect costs to individual awards. The current approved rates in effect for the fiscal year ended June 30, 2005 and 2006 are 43.5% for Other Sponsored Projects and 62% for Research. They were determined using the fiscal year ended June 30, 2003 audited expenses. The proposal for the indirect cost rate to be in effect for fiscal year ended June 30, 2007 and 2008 has been submitted to the DCA based on the fiscal year ended June 30, 2005 audited expenses. The proposed rates for Other Sponsored Projects and Research are 55.10% and 83.73%, respectively. Article # 4.3.4.1. of the County Agreement Contract # 43207, states that the ratio of actual total Indirect Cost to actual total Gross Cost shall not exceed 125% of the ratio of each program's total budgeted Indirect Cost to budgeted Gross Cost, as itemized on the Agreement Program Budget Summary." Children's Hospital – San Diego will allocate a 20% fixed indirect rate and directly allocate a reasonable portion of costs that are normally considered indirect for purposes of calculating the Federal approved indirect rate. This total amount will be allocated to its CMHS budgets, which is less than CHSD's rates of 55.10% or 83.73%, but consistent with Article 4.3.4.1. of the County Agreement Contract # 43207.

C ty of San Diego – Health and Human Servic Agency
Mental Health Services
Contract Budget Summary

ract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
ram Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2012 — To: December 31, 2012
Amendment Number: — For the Period From: — To:

	Cost Center	A	B	C	D	E	F	Program Cost Page 2 Subtotal	Total Program Cost
1	CCTC, Frontline or N/A	N/A	N/A	N/A	N/A	N/A			
2	Adult/Child	C & A	C & A	C & A	C & A	C & A			
3	Service Function	MHS / OP	Med	Crisis Int	C.M. Brkg	MHS-R			
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)	23,405	17,666	83,164	4,435	159			128,830
6	Operating Expenses (Schedule I)	14,883	11,233	52,882	2,820	101			81,920
7	Fixed Assets (Schedule II)								
8	Gross Cost (Lines 5+6+7)	$38,288	$28,899	$136,046	$7,256	$260			$210,750
9	Indirect Cost (Schedule III)	7,658	5,780	27,209	1,451	52			42,150
10	Adjusted Gross Cost (Lines 8+9)	$45,946	$34,679	$163,256	$8,707	$313			$252,900
11	Total Units of Service	252	206	602	62	2			1,124
12	Cost Per Unit of Service	$182.14	$168.41	$271.05	$140.94	$182.14			$225.00
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service	252	206	602	62	2			1,124
16	Contract Cost per Unit of Service	$182.14	$168.41	$271.05	$140.94	$182.14			$225.00
17	Total Billing Units (M/C & Non-M/C)	15,135	6,178	36,139	3,707	103			61,261
18	Contract Cost per Billing Unit	$3.04	$5.61	$4.52	$2.35	$3.04			$4.13
	Contract Gross Costs	$45,946	$34,679	$163,256	$8,707	$313			$252,900
	ess Contract Revenues:								
20	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**	$45,946	$34,679	$163,256	$8,707	$313			$252,900
29	Total SD/MC Billing Units	3,027	1,236	7,228	741	21			12,252
30	Medi-Cal Gross	$9,189	$6,936	$32,651	$1,741	$63			$50,580

Prepared By: Barent P. Mynderse, Director
Name/Title

Date: 05/24/2006

Service Function		
Day/Comm Svcs	**24 Hour**	**Outpatient**
Intensive (Full, 1/2)	Crisis Residential	M.H. Services
Rehabilitation (Full, 1/2)	Adult Residential	Med. Support
Socialization		Crisis Intervention
Community Services		C.M. Brokerage

SD/MC Total Cost	$50,580
MAA Medi-Cal	
SAMHSA	
PATH Allocation	
State General Funds	
Other	
Net	$202,320
Contract Maximum	$252,900

County ›an Diego - Health and Human Services Ag(/
Mental Health Services
Contract Budget Summary

›act Provider:	Children's Hospital - San Diego, Outpatient Psychiatry		Provider Number: TBA
› ›am Name:	N.C. Walk-In Clinic / Mobile Assessment Team		
Contract Number:	43207	For the Period From: July 1, 2012	To: December 31, 2012
Amendment Number:		For the Period From:	To:

	Cost Center	G	H	I	J	K	L	M	Program Cost Page 2 Subtotal
1	CCTC, Frontline or N/A								
2	Adult/Child								
3	Service Function (per CR/DR)								
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)								
6	Operating Expenses (Schedule I)								
7	Fixed Assets (Schedule II)								
8	Gross Cost (Lines 5+6+7)								
9	Indirect Cost (Schedule III)								
10	Adjusted Gross Cost (Lines 8+9)								
11	Total Units of Service								
12	Cost Per Unit of Service								
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service								
16	Contract Cost per Units of Service								
17	Total Billing Units (M/C & Non-M/C)								
18	Contract Cost per Billing Unit								
	Contract Gross Costs								
	_ess Contract Revenues:								
20	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**								

29	Total SD/MC Billing Units								
30	Medi-Cal Gross								

	*** For Mental Health Services (MHS) units. List budgeted units and billing units by Service Function ***					
	Service Function	Assessment	Collateral	Group	Individual	Total
31	Mental Health Units of Service	126	76	13	38	252
32	Billing Units (M/C & Non-M/C)	3,027	4,541	757	6,811	15,135

Service Function Index					
Service Function	Units of Service *	Billing Units +	Service Function	Units of Service *	Billing Units +
Outpatient Services	Visit	Minutes	Day Treatment Intensive	Day	Day
Mental Health Services (MHS)	Visit	Minutes	Day Treatment Rehabilitation	Day	Day
Medication Support	Visit	Minutes	Crisis Residential	Day	Day
Crisis Intervention	Visit	Minutes	Adult Residential	Day	Day
Case Management Brokerage	Visit	Minutes			

County San Diego – Health and Human Services A(:y
Mental Health Services
Contract Budget Schedule I – Salaries and Operating Expenses

ıtract Provider: Children's Hospital - San Diego, Outpatient Psychiatry Provider Number: TBA
. ıogram Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 For the Period From: July 1, 2012 To: December 31, 2012
Amendment Number: For the Period From: To:

	Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Direct	Annualized FTE Prog. Admin.	Number of Months	Direct Services Expense	Program Admin. Expense	Total Salary Expense
1	Director	159,012		0.01	6.00		795	$795
2	Program Coordinator	87,106	0.72	0.28	6.00	31,358	12,195	$43,553
3	PSW II	69,685	0.90		6.00	31,358		$31,358
4	Case Manager	39,478	0.03		6.00	592		$592
5	Administrative Associate	37,200		0.90	6.00		16,740	$16,740
6	Business Unit Coordinator	63,230		0.01	6.00		316	$316
7								
8								
9								
10								
11								
12								
	Sub Total FTE and Salaries		1.65	1.20	N/A	$63,309	$30,046	$93,355
							Total Employee Benefits	35,475
							Salaries & Benefits Total	$128,830

	Operating Expenses	Amount
13	Building Rent & Leases	28,116
14	Equipment Rent & Leases	1,351
٦	Building Repairs/Maintenance	113
٦	Equipment Repair/Maintenance	42
17	*Leasehold Improvements	13
18	Telephone	4,306
19	Utilities	2,365
20	Supplies Minor Equipment	113
21	Office Supplies	676
22	Pharmaceutical	11,541
23	Medical Supplies	422
24	Other Supplies	86
25	Printing	56
26	Insurance: Professional Liability	84
27	Insurance: Other	14
28	*Consultants (from Schedule II)	17,850
29	Staff Development/Training	25
30	Accounting/Auditing/Legal Fees	56
31	Other Business Services	29
32	24 Hour Program: Food	
33	24 Hour Program: Personal Needs Items	
34	Laboratory Services	2,128
35	Travel Local	11,829
36	Client Transportation	663
37	Dues and Subscriptions	28
38	Interest Expense	
39	Tax/License	14
٤0	Other: (list)	
.		
42		
	Operating Expenses Total	$81,920

Gross Cost	Amount
*Total Salary & Benefits	128,830
*Program Operating Expenses	81,920
*Fixed Assets (Schedule II)	
*Indirect Costs (Schedule III)	42,150
Operating Total (Lines 16 + 17 + 18)	$124,070
Program Total (Lines 15 + 19)	$252,900

*** May not be exceeded without prior HHSA approval.**

Coun. : San Diego – Health and Human Services Agen(
Mental Health Services
Contract Budget Schedule III – Indirect Costs

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number: TBA
Program Name: N.C. Walk-In Clinic / Mobile Assessment Team
Contract Number: 43207 — For the Period From: July 1, 2012 — To: December 31, 2012
Amendment Number: — For the Period From: — To:

	Administrative Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Total	% of FTE Allocated To Program	FTE Allocated To Program	Number of Months	Total Salary Expense
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
	Sub Total FTE and Salaries			N/A		N/A	

	Total Administrative Benefits	
	Total Admin. Salaries & Benefits	
	Total Administrative Operating Expenses	42,150
	Total Administrative Consultant Services	
	Total Indirect Costs	$42,150

	Administrative Operating Expenses	Amount	% Allocated to Program	Indirect Cost
13				
14	Indirects	42,150	100.00%	42,150
15				
16				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
	Admin. Operating Expenses Total	$42,150	N/A	$42,150

	Administrative Consultant Services			
36				
37				
38				
	Admin. Consultant Services Total		N/A	

Indirect Costs Methodology

Children's Hosptial – San Diego uses the simplified allocation method, as described in Office of Management & Budget Circular A-122, to determine the indirect rate. The allocation is determined by separating the organization's total costs for the base period as either direct or indirect and dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that gets submitted to the Division of Cost Allocation for approval. Once approved, this rate is the basis for distributing indirect costs to individual awards. The current approved rates in effect for the fiscal year ended June 30, 2005 and 2006 are 43.5% for Other Sponsored Projects and 62% for Research. They were determined using the fiscal year ended June 30, 2003 audited expenses. The proposal for the indirect cost rate to be in effect for fiscal year ended June 30, 2007 and 2008 has been submitted to the DCA based on the fiscal year ended June 30, 2005 audited expenses. The proposed rates for Other Sponsored Projects and Research are 55.10% and 83.73%, respectively. Article # 4.3.4.1. of the County Agreement Contract # 43207, states that the ratio of actual total Indirect Cost to actual total Gross Cost shall not exceed 125% of the ratio of each program's total budgeted Indirect Cost to budgeted Gross Cost, as itemized on the Agreement Program Budget Summary." Children's Hospital – San Diego will allocate a 20% fixed indirect rate and directly allocate a reasonable portion of costs that are normally considered indirect for purposes of calculating the Federal approved indirect rate. This total amount will be allocated to its CMHS budgets, which is less than CHSD's rates of 55.10% or 83.73%, but consistent with Article 4.3.4.1. of the County Agreement Contract # 43207.

7. Financial Statements

Children's Hospital— San Diego

Financial Statements as of and for the Years Ended June 30, 2004 and 2003 and Independent Auditors' Report

Deloitte

Deloitte & Touche LLP
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INDEPENDENT AUDITORS' REPORT

Children's Hospital—San Diego

We have audited the accompanying balance sheets of Children's Hospital—San Diego ("CHSD") as of June 30, 2004 and 2003 and the related statements of operations, changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the management of CHSD. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Children's Hospital—San Diego as of June 30, 2004 and 2003 and the results of its operations, changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

As discussed in Note 2 to the financial statements, during the year ended June 30, 2003, CHSD changed its method of estimating the liabilities associated with workers' compensation, medical malpractice and employment practice insurance.

Deloitte & Touche LLP

October 4, 2004

CHILDREN'S HOSPITAL—SAN DIEGO

BALANCE SHEETS
JUNE 30, 2004 AND 2003
(Dollars in thousands)

ASSETS	2004	2003
CURRENT ASSETS:		
Cash	$ 20,298	$ 19,263
Investments	102,995	69,231
Patient accounts receivable—net of allowance for doubtful accounts of $39,677 and $25,781 at June 30, 2004 and 2003, respectively	46,598	48,647
Other accounts receivable	9,068	11,036
Assets limited as to use—required for current liabilities	5,288	5,202
Inventory	4,239	3,336
Receivable from affiliates	-	6,738
Other current assets	3,649	2,697
Total current assets	192,135	166,150
Assets limited as to use	34,144	17,906
Less assets required for current liabilities	(5,288)	(5,202)
	28,856	12,704
Long-term investments	9,530	8,642
Property and equipment—net	121,880	127,377
Other long-term assets	1,392	1,543
TOTAL	$ 353,793	$ 316,416
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable and accrued expenses	$ 29,803	$ 21,125
Accrued payroll and related benefits	24,988	20,305
Current portion of long-term debt	3,711	3,361
Payable to affiliates	4,004	
Deferred revenue	414	738
Total current liabilities	62,920	45,529
Long-term debt, net of current portion	98,131	83,001
Other long-term liabilities	-	4,810
Payable to beneficiaries	105	-
Total liabilities	161,156	133,340
COMMITMENTS AND CONTINGENCIES		
NET ASSETS:		
Unrestricted:		
General	132,528	129,512
Board-designated	37,344	32,693
Total	169,872	162,205
Temporarily restricted	17,003	15,140
Permanently restricted	5,762	5,731
Total net assets	192,637	183,076
TOTAL	$ 353,793	$ 316,416

See notes to financial statements.

CHILDREN'S HOSPITAL—SAN DIEGO

STATEMENTS OF OPERATIONS
YEARS ENDED JUNE 30, 2004 AND 2003
(Dollars in thousands)

	2004	2003
UNRESTRICTED REVENUES, GAINS AND OTHER SUPPORT:		
Net patient revenue	$ 232,686	$ 216,372
Premium revenue	25,108	24,201
Grants and contracts	13,222	13,833
Other government revenue	28,032	21,796
Other revenue	16,205	14,839
Net assets released from restrictions used for operations	3,509	2,161
Total	318,762	293,202
EXPENSES:		
Salaries and wages	107,420	106,614
Employee benefits	40,736	38,765
Supplies	41,240	41,584
Professional fees	26,596	23,355
Purchased services	38,284	35,068
Provision for bad debts	18,780	19,658
Insurance	11,520	10,205
Other	14,142	13,834
Depreciation and amortization	12,759	10,145
Interest	4,684	4,876
Restructuring	1,118	-
Total	317,279	304,104
INCOME (LOSS) FROM CONTINUING OPERATIONS	1,483	(10,902)
LOSS FROM DISCONTINUED OPERATIONS (including net assets released from restrictions of $202 and $526, respectively)	(3,922)	(506)
INVESTMENT INCOME	9,024	703
EXCESS (DEFICIT) OF REVENUES OVER EXPENSES	6,585	(10,705)
NET ASSETS RELEASED FROM RESTRICTIONS USED FOR PURCHASE OF PROPERTY AND EQUIPMENT	837	591
TRANSFER FROM CHILDREN'S HOSPITAL AND HEALTH CENTER	246	883
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS BEFORE CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE	7,668	(9,231)
CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE	-	(1,018)
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ 7,668	$ (10,249)

See notes to financial statements.

CHILDREN'S HOSPITAL—SAN DIEGO

STATEMENTS OF CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2004 AND 2003
(Dollars in thousands)

	2004	2003
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ 7,668	$ (10,249)
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	5,202	4,049
Change in value of split-interest agreements	29	(6)
Investment income	1,088	70
Net assets released from restrictions	(4,457)	(3,278)
Increase in temporarily restricted net assets	1,862	835
INCREASE IN PERMANENTLY RESTRICTED NET ASSETS—Contributions	31	124
INCREASE (DECREASE) IN NET ASSETS	9,561	(9,290)
NET ASSETS—BEGINNING OF YEAR	183,076	192,366
NET ASSETS—END OF YEAR	$ 192,637	$ 183,076

See notes to financial statements.

CHILDREN'S HOSPITAL—SAN DIEGO

STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2004 AND 2003
(Dollars in thousands)

	2004	2003
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase (decrease) in net assets	$ 9,561	$ (9,290)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	12,269	10,276
Provision for bad debts	18,780	19,658
Net realized and unrealized (gains) losses on investments	(8,498)	1,466
Transfer from Children's Hospital and Health Center	(4,004)	(932)
Cash received for contributions restricted to property and endowments	(1,104)	(418)
Changes in assets and liabilities:		
Patient accounts receivable	(16,731)	(17,161)
Other receivables	1,968	3,886
Inventory	(903)	593
Other current assets	(952)	(475)
Receivable from affiliates	10,742	4,035
Other long-term assets	151	(303)
Accounts payable and accrued expenses	8,783	1,108
Accrued payroll and related benefits	4,683	(4,615)
Deferred revenue	(324)	(3)
Other long-term liabilities	(4,810)	-
Net cash provided by operating activities	29,611	7,825
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchases of investments	(40,803)	(51,901)
Proceeds from sales and maturities of investments	14,649	60,125
Acquisition of property and equipment	(7,262)	(12,340)
Increase in assets limited as to use	(16,238)	(994)
Net cash used in investing activities	(49,654)	(5,110)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Cash received for contributions restricted to property and endowments	1,104	418
Cash received through capital lease commitment	18,810	-
Repayment of long-term debt—net	(2,840)	(3,541)
Transfer from Children's Hospital and Health Center	4,004	932
Net cash provided by (used in) financing activities	21,078	(2,191)
NET INCREASE IN CASH AND CASH EQUIVALENTS	1,035	524
CASH—BEGINNING OF YEAR	19,263	18,739
CASH—END OF YEAR	$ 20,298	$ 19,263
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION:		
Interest paid during the year	$ 5,021	$ 4,955

See notes to financial statements.

1. ORGANIZATION

Children's Hospital—San Diego ("CHSD") a not-for-profit entity has a sole statutory member, Children's Hospital and Health Center ("CHHC"). CHHC is also the sole statutory member of San Diego Children's Hospital Foundation ("Foundation"), Children's Hospital Research Center ("CHRC") and San Diego Children's Health Services, Inc. ("SDCHS"). By virtue of CHHC being the sole statutory member of these organizations, it has the authority to determine the composition of the boards of directors and trustees of such entities. In addition, CHHC owns two other corporations, Children's Hospital Integrated Risk Protective Limited ("CHIRPL") and Children's Physician Management Services, Inc. ("CPMS").

CHSD is the sole Level I Pediatric Trauma Center in San Diego County. CHSD provides comprehensive inpatient acute and intensive care pediatric services and also provides comprehensive outpatient, home health, long-term convalescent hospital, and child protection and developmental services.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Change in Accounting Principle—The liabilities associated with workers' compensation, medical malpractice and employment practice insurance are determined based on actuarial analyses and estimates. At June 30, 2004 and 2003, the liabilities were based on the estimated undiscounted outstanding losses as of the respective dates. These liabilities had previously been determined based on estimated discounted outstanding losses. Management determined in 2003 that it is preferable to value the liabilities based on the undiscounted method. The net effect of the change at July 1, 2002 was a decrease in unrestricted net assets of $1,018, which is included in the statement of operations as a cumulative effect of a change in accounting principle. The effect of this change on the 2003 statement of operations was to increase the loss from operations and decrease unrestricted net assets by $794.

Use of Estimates—The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Inventory—Inventory is carried at the lower of cost or market value, determined using the first-in, first-out method.

Property and Equipment—Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method with lives ranging from three to 40 years.

Net Assets—Temporarily restricted net assets are those whose use by CHSD has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. Unrestricted net assets include amounts for program support, debt service and other purposes.

Excess of Revenues Over Expenses—The statement of operations includes excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Charity Care—CHSD provides service without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policy. Because CHSD does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as revenue. Revenues foregone based on established rates totaled approximately $1,972 and $2,129 in fiscal 2004 and 2003, respectively.

Donor-Restricted Gifts—Unconditional promises to give cash and other assets to CHSD are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received or the promise becomes unconditional. Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that specify the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions.

Income Tax Status—CHSD has received determination letters indicating that CHSD is exempt from federal and state income taxes pursuant to Section 501(c)(3) of the Internal Revenue Code.

Reclassifications—Certain 2003 amounts have been reclassified to conform to the 2004 financial statement presentation.

3. DISCONTINUED OPERATIONS AND RESTRUCTURING

In December 2003, CHSD ceased certain operations at certain satellite locations. In accordance with Statement of Financial Accounting Standards 144, Accounting for the Impairment or Disposal of Long-Lived Assets, CHHC results of operations for the periods presented have been reclassified as discontinued operations in the accompanying consolidated statements of operations and changes in net assets. The net results for the years ended June 30, 2004 and 2003, are reported as "Loss from discontinued operations" of $3,922 and $506, respectively.

In the year ended June 30, 2004, CHSD incurred costs associated with the early termination of certain lease agreements. These costs are reported in the consolidated financial statements as restructuring costs in the amount of $1,118.

4. REVENUE

Net Patient Service Revenue—CHSD grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. Gross patient revenue is recorded on the basis of usual and customary charges. Contractual allowances reflect the difference between gross patient revenue and payment amounts agreed to with third-party payors or stipulated by government payors. The following summary presents gross patient service charges by major payor classifications and contractual allowances recorded to arrive at net patient service revenue for the years ended June 30:

	2004	2003
Gross patient service charges:		
MediCal/California Children's Services	$ 296,712	$ 245,137
HMOs and PPOs	233,264	207,478
CHAMPUS	21,603	22,658
Other	33,076	24,753
	584,655	500,026
Contractual allowances	(351,969)	(283,654)
Net patient service revenue	$ 232,686	$ 216,372

CHSD has agreements with third-party payors that provide for payments to CHSD at amounts different from its established charges. Payment arrangements include per diem payments, prospectively determined rates per discharge, reimbursed costs and discounted charges. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated settlements under reimbursement agreements with third-party payors. Settlements are accrued on an estimated basis in the period in which the related services are rendered and adjusted in future periods as final settlements are determined.

CHSD has contracted with the State of California to provide acute hospital inpatient services to MediCal beneficiaries at a negotiated rate per day. Either party may cancel this contract with 120 days written notice. Outpatient services to MediCal beneficiaries are reimbursed according to a State fee schedule. Convalescent hospital services are reimbursed by MediCal based on prior years' costs, which are subject to audit by the State and subject to a cap.

All applicable MediCal program cost reports for hospital services have been audited by the fiscal intermediary through 2002. In 2004, the State agreed to forgive the settlement amount of $4,810, included in other long-term liabilities as of June 30, 2003. This amount is included in net patient revenue in the 2004 statement of operations.

Premium Revenue—CHSD has agreements with several health maintenance organizations to provide pediatric healthcare services to enrollees. Under certain of these agreements, CHSD has negotiated monthly capitation payments based on the number of enrollees, regardless of services actually performed by CHSD. CHSD accrues the estimated cost of medical expenses provided to participants under these agreements for services rendered by providers other than CHSD.

Grants and Contracts—Advances received under the various research grants and contracts are recorded as deferred revenue until the related research costs are incurred. CHSD receives reimbursement for indirect costs on certain research grants and contracts based on a rate applied to direct costs. Direct and indirect costs reimbursed by United States government agencies are subject to audit by such agencies.

Other Government Revenue—CHSD qualifies for and receives funding from the State of California as a disproportionate share hospital (Senate Bill 855) for MediCal. CHSD also receives funding for emergency services and supplemental payments for patient care (Senate Bill 1255), and Presley funds for the reimbursement of certain capital project financing costs from the State of California. In addition, CHSD participates in the Graduate Medical Education program which provides funds to freestanding children's hospitals to support the training of pediatric and other residents.

Other government revenue includes the following:

	2004	2003
SB 1255-Hospital supplemental payment program	$ 15,000	$ 10,500
SB 855-Disproportionate Share Hospital (DSH) program	6,115	5,025
Presley funds	3,047	2,688
Federal Graduate Medical Education	2,816	2,387
Other	1,054	1,196
Total other government revenue	$ 28,032	$ 21,796

5. INVESTMENTS

Investments in equity securities and debt securities are carried at fair value based on quoted market prices. Investments in real property are carried at fair value at date of donation. Investments are summarized as follows at June 30:

	2004	2003
UNRESTRICTED FUNDS:		
Cash and certificates of deposit	$ 7,870	$ 5,129
Common and preferred stocks	58,387	31,599
Government securities	26,119	22,039
Corporate bonds	9,566	8,109
Real property and other	756	2,011
Accrued interest	297	344
Total	$ 102,995	$ 69,231
ASSETS LIMITED AS TO USE (Note 6):		
Cash and certificates of deposit	$ 22,500	$ 13,523
Common and preferred stocks	2,436	1,934
Government securities	7,452	1,427
Corporate bonds	1,724	913
Real property and other	-	77
Accrued interest	32	32
Total	$ 34,144	$ 17,906
LONG-TERM INVESTMENTS:		
Donor restricted—Temporary and Permanent:		
Cash and certificates of deposit	$ 474	$ 370
Common and preferred stocks	5,758	6,138
Government securities	933	892
Corporate bonds	817	1,042
Real property and other	1,548	200
Total	$ 9,530	$ 8,642

Investment income is comprised of the following for the years ended June 30:

	2004	2003
UNRESTRICTED:		
Interest and dividends	$ 1,544	$ 2,154
Net gain (loss) on investments	7,480	(1,451)
	$ 9,024	$ 703
RESTRICTED:		
Interest and dividends	$ 70	$ 85
Net gain (loss) on investments	1,018	(15)
	$ 1,088	$ 70

6. ASSETS LIMITED AS TO USE

Assets limited as to use are summarized as follows at June 30:

	2004	2003
Under indenture agreement—held by trustee (Note 8)	$28,976	$13,389
Executive compensation—held by trustee (Note10)	5,168	4,517
Total assets limited as to use	$34,144	$17,906

7. PROPERTY AND EQUIPMENT—NET

Property and equipment is summarized as follows as of June 30:

	2004	2003
Buildings and improvements	$ 135,929	$ 135,032
Equipment	76,124	78,135
	212,053	213,167
Less accumulated depreciation	(118,118)	(110,718)
	93,935	102,449
Land	9,520	9,520
Construction in progress	18,425	15,408
Property and equipment—net	$ 121,880	$ 127,377

8. LONG-TERM DEBT

Long-term debt is summarized as follows at June 30:

	2004	2003
5.00% to 6.00% serial and term California Health Facilities Financing Authority Insured Hospital Revenue Bonds, Series 1996, collateralized by gross revenues, annual principal payments ranging from $2,540 to $6,270 with accrued interest paid semiannually	$ 72,500	$ 75,040
5.10% to 5.75% serial and term California Health Facilities Financing Authority Insured Hospital Revenue Bonds, Series 1993, collateralized by gross revenues, annual principal payments ranging from $300 to $900 with accrued interest paid semiannually	11,175	11,475
4.72% capital lease for central power plant, annual principal payments ranging from $526 to $2,205 with accrued interest paid monthly	18,810	-
Other capital leases	52	543
	102,537	87,058
Less:		
Discount—net of accumulated amortization	(695)	(696)
Current portion	(3,711)	(3,361)
Long-term	$ 98,131	$ 83,001

Based on the borrowing rates currently available to CHSD for financing with similar terms and average maturities, the fair value of long-term debt was approximately $105,952 and $94,287 at June 30, 2004 and 2003, respectively.

Scheduled repayment of principal is as follows:

Fiscal Year Ending June 30	
2005	$ 3,711
2006	4,569
2007	4,966
2008	5,237
2009	5,492
Thereafter	78,562
Total	$ 102,537

Under the terms of the bond indentures, CHSD has deposited with a trustee principal and interest reserve funds that are reflected in the accompanying financial statements as assets whose use is limited (see Note 6). CHSD is also subject to certain debt covenants under the indenture, including restrictions on additional indebtedness. At June 30, 2003, CHSD was not in compliance with the covenant requiring a minimum debt service coverage ratio of 1.0. In November 2003, CHSD received a waiver from the bond insurer for the minimum debt service coverage ratio as of June 30, 2003. At June 30, 2004, CHSD was in compliance with the covenant.

9. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes:

	2004	2003
Health care services and education	$ 8,701	$ 7,144
Capital projects	5,802	5,496
Temporarily restricted endowment	2,500	2,500
Total	$ 17,003	$ 15,140

Temporarily restricted net assets were released from restrictions for the following purposes:

	2004	2003
Health care services and education	$ 3,408	$ 2,687
Capital projects	855	591
Purpose restrictions removed by donors	194	-
Total	$ 4,457	$ 3,278

Permanently restricted net assets of $5,762 and $5,731 at June 30, 2004 and 2003, respectively, represent investments to be held in perpetuity. The income from such net assets is restricted for the care of indigent patients, or to support health care services.

10. EMPLOYEE BENEFIT PLANS

Defined Benefit Plan—CHSD has a non-contributory defined benefit pension plan covering substantially all employees. A participating employee's annual post-retirement pension benefit is based on average compensation, years of service and Social Security benefits. CHSD's funding policy is to contribute annually at least the required minimum amount as actuarially determined. CHSD uses a June 30 measurement date for its defined benefit plan.

The funded status and prepaid pension cost are as follows at June 30:

	2004	2003
Projected benefit obligation	$ (57,275)	$ (58,484)
Plan assets	47,016	39,095
Deficiency of plan assets over projected benefit obligation	$ (10,259)	$ (19,389)
Prepaid pension cost	$ 539	$ 2,713
Accumulated benefit obligation	$ (40,691)	$ (40,372)

The plan's activity included the following for the years ended June 30:

	2004	2003
Net periodic pension cost	$ 6,048	$ 4,847
Employer contributions	$ 3,874	$ 12,643
Benefits paid	$ 2,057	$ 1,891

The plan's assumptions used to determine benefit obligations at June 30 were as follows:

	2004	2003
Discount rate	6.25%	5.75%
Rate of compensation increase	5.00%	5.00%

The plan's assumptions used to determine net periodic pension cost for the years ended June 30 were as follows:

	2004	2003
Discount rate	5.75%	7.00%
Expected long-term return on plan assets	7.00%	7.00%
Rate of compensation increase	5.00%	5.00%

The basis used to determine the plan's overall expected long-term rate of return on assets has been the historical results of a balanced portfolio. The plan's investment strategy has been to diversify its portfolio between equity, debt and money market investments and to have its assets managed by third party professionals. The plan's assets by category are as follows as of June 30:

	2004	2003
Equity securities	47%	46%
Debt securities	32%	33%
Money market	21%	21%
	100%	100%

CHSD anticipates making a $1,000 contribution to the plan in the year ending June 30, 2005.

Deferred Compensation and Savings Plans—CHSD has a deferred compensation plan established for senior management. CHSD also has a voluntary savings plan for selected management employees whereby CHSD matches a certain percentage of the employees' savings. At June 30, 2004 and 2003, a liability related to these plans of $3,202 and $3,210, respectively, is included in accrued payroll and related benefits. Included in assets limited as to use at June 30, 2004 and 2003 are $5,168 and $4,517, respectively, of investments which have been placed in a trust to fund this liability (see Note 6). During the years ended June 30, 2004 and 2003, CHSD made contributions of $730 and $735, respectively.

Children's Retirement Savings Plan—CHSD has a voluntary savings plan for all employees whereby CHSD contributes from $0.25 to $0.65, based upon years of service, for each $1.00 contributed by employees, up to 8.0% of each employee's salary. At June 30, 2004 and 2003, CHSD's liability related to the match was $757 and $722, respectively, and is included in accrued payroll and related benefits in the accompanying financial statements.

11. FUNCTIONAL EXPENSES

CHSD has summarized unrestricted operating expenses into two main categories: health care services and general and administrative. Health care services include all expenses in departments that generate patient revenue. All other costs are considered general and administrative. The functional grouping of expenses is as follows for the years ended June 30:

	2004	2003
Health care services	$ 198,999	$ 189,006
General and administrative	118,280	115,098
Total	$ 317,279	$ 304,104

12. RELATED PARTY TRANSACTIONS

A member of the Board of Trustees of CHSD and CHHC and CHHC's Executive Committee is an executive at a financial institution where CHSD maintains the assets of the general business accounts and several restricted trusts. Until, May 2004, the institution also maintained the assets of the retirement plan. The fair value of these assets at June 30, 2004 and 2003 was $33,663 and $63,056, respectively.

Insurance expense under the malpractice insurance policy with Children's Hospital Insurance Limited was $2,770 and $2,257 in 2004 and 2003, respectively.

13. COMMITMENTS AND CONTINGENCIES

Malpractice Coverage—CHSD retained the first $1,500 and $1,000 of liability per claim ("retention") in 2004 and 2003, respectively, for general and hospital professional liability, which is indemnified by CHIL. CHSD's retention for 2004 and 2003 was limited by an annual policy-year aggregate of $6,000 and $4,000, respectively, for general and hospital professional liability. CHSD purchases insurance in substantial amounts for losses in excess of the CHSD retention on a per claim and aggregate basis. The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Legal—CHSD is a party to certain legal actions arising in the ordinary course of business. In the opinion of management, liability, if any, arising from such actions will not have a material adverse effect on CHSD's financial position or results of operations.

The health care industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations can be subject to government review and interpretations, as well as regulatory actions unknown and unasserted at this time. In recent years, government activity has increased with respect to investigations and allegations concerning possible violations of regulations by health care providers that could result in the imposition of significant fines and penalties as well as significant repayment of previously billed and collected revenues for patient services.

Leases—CHSD leases real property and equipment under noncancelable operating leases expiring at various dates through December 2011. Minimum future rental payments required by these leases are as follows:

June 30	
2005	$ 6,037
2006	4,311
2007	3,336
2008	2,808
2009	2,522
Thereafter	6,566
Total	$25,580

CHSD's leases generally include annual escalation clauses and renewal options at the end of the lease term. Rental expense was $6,537 and $6,476 for the years ended June 30, 2004 and 2003, respectively.

14. AFFILIATION AGREEMENT WITH UNIVERSITY

In 2001, CHHC, CHSD and the Regents of the University of California signed an agreement to transition the pediatric clinical, teaching, research and public service programs of the University of California, San Diego ("UCSD") to CHSD. Under the terms of the agreement, CHSD paid $2,000 to UCSD in August 2001 and $1,500 in February 2003 to assist in the transition of the UCSD pediatric services to CHSD. CHHC is required, under this agreement, to provide funding to UCSD's Department of Pediatrics for training, academic support and program development. In addition, UCSD and CHHC have agreed to cooperate in the construction of a research building, over a multi-year timeline to be determined, for which CHHC is required to make a $5,000 contribution.

Upon closing of the agreement, the bylaws of CHSD were amended to expand its board from 14 to 18 members, of which six members are nominated by UCSD (three of the six must be approved by the CHHC board).

The agreement may be terminated due to a material breach in the contract terms or may be terminated without cause by either party with five years notice. If CHHC initiates a termination without cause, it is required to pay $5,000 to UCSD for certain transitional expenses.

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Children's Hospital– San Diego

Financial Statements as of and for the Years Ended June 30, 2005 and 2004, and Independent Auditors' Report

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INDEPENDENT AUDITORS' REPORT

Children's Hospital–San Diego

We have audited the accompanying balance sheets of Children's Hospital–San Diego ("CHSD") as of June 30, 2005 and 2004 and the related statements of operations, changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the management of CHSD. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Children's Hospital–San Diego as of June 30, 2005 and 2004 and the results of its operations, changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Deloitte & Touche LLP

October 12, 2005

CHILDREN'S HOSPITAL–SAN DIEGO

BALANCE SHEETS
AS OF JUNE 30, 2005 AND 2004
(Dollars in thousands)

ASSETS	2005	2004
CURRENT ASSETS:		
Cash	$ 8,789	$ 20,298
Investments	151,481	102,995
Patient accounts receivable, net of allowance for doubtful accounts of $18,562 and $15,067 at June 30, 2005 and 2004, respectively	43,183	46,598
Other accounts receivable	10,213	9,068
Assets limited as to use—required for current liabilities	5,370	5,288
Inventory	4,331	4,239
Other current assets	7,583	3,649
Total current assets	230,950	192,135
ASSETS LIMITED AS TO USE	20,943	34,144
LESS ASSETS REQUIRED FOR CURRENT LIABILITIES	(5,370)	(5,288)
	15,573	28,856
LONG-TERM INVESTMENTS	9,649	9,530
PROPERTY AND EQUIPMENT—Net	123,566	121,880
OTHER LONG-TERM ASSETS	1,104	1,392
TOTAL	$380,842	$353,793
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable and accrued expenses	$ 34,244	$ 29,803
Accrued payroll and related benefits	29,831	24,988
Current portion of long-term debt	4,699	3,711
Payable to affiliates	16,767	4,004
Deferred revenue	433	414
Total current liabilities	85,974	62,920
LONG-TERM DEBT—Net of current portion	93,459	98,131
PAYABLE TO BENEFICIARIES	103	105
Total liabilities	179,536	161,156
COMMITMENTS AND CONTINGENCIES		
NET ASSETS:		
Unrestricted:		
General	137,458	132,528
Board-designated	39,351	37,344
Total	176,809	169,872
Temporarily restricted	18,654	17,003
Permanently restricted	5,843	5,762
Total net assets	201,306	192,637
TOTAL	$380,842	$353,793

See notes to financial statements.

CHILDREN'S HOSPITAL–SAN DIEGO

STATEMENTS OF OPERATIONS
FOR THE YEARS ENDED JUNE 30, 2005 AND 2004
(Dollars in thousands)

	2005	2004
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT:		
Net patient revenue	$244,954	$232,686
Premium revenue	28,625	25,108
Grants and contracts	14,184	13,222
Other government revenue	30,251	28,032
Other revenue	15,567	16,205
Net assets released from restrictions used for operations	3,241	3,509
Total	336,822	318,762
EXPENSES:		
Salaries and wages	115,920	107,420
Employee benefits	45,984	45,733
Supplies	45,903	41,240
Professional fees	28,376	27,166
Purchased services	39,118	37,714
Provision for bad debts	16,388	18,780
Insurance	3,550	6,523
Other	15,627	14,142
Depreciation and amortization	12,266	12,759
Interest	4,941	4,684
Planning costs	10,612	
Restructuring		1,118
Total	338,685	317,279
EXCESS OF REVENUES, GAINS, AND OTHER SUPPORT OVER EXPENSES	(1,863)	1,483
LOSS FROM DISCONTINUED OPERATIONS (including net assets released from restrictions of $202 in 2004)		(3,922)
INVESTMENT INCOME	7,737	9,024
	5,874	6,585
NET ASSETS RELEASED FROM RESTRICTIONS USED FOR PURCHASE OF PROPERTY AND EQUIPMENT	179	837
TRANSFER FROM CHILDREN'S HOSPITAL AND HEALTH CENTER	884	246
INCREASE IN UNRESTRICTED NET ASSETS	$ 6,937	$ 7,668

See notes to financial statements.

CHILDREN'S HOSPITAL–SAN DIEGO

STATEMENTS OF CHANGES IN NET ASSETS
FOR THE YEARS ENDED JUNE 30, 2005 AND 2004
(Dollars in thousands)

	2005	2004
INCREASE IN UNRESTRICTED NET ASSETS	$ 6,937	$ 7,668
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	4,621	5,202
Change in value of split-interest agreements	(5)	29
Investment income	455	1,088
Net assets released from restrictions	(3,420)	(4,457)
Increase in temporarily restricted net assets	1,651	1,862
INCREASE IN PERMANENTLY RESTRICTED NET ASSETS—Contributions	81	31
INCREASE IN NET ASSETS	8,669	9,561
NET ASSETS—Beginning of year	192,637	183,076
NET ASSETS—End of year	$ 201,306	$ 192,637

See notes to financial statements.

CHILDREN'S HOSPITAL–SAN DIEGO

STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2005 AND 2004
(Dollars in thousands)

	2005	2004
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase in net assets	$ 8,669	$ 9,561
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	12,293	12,269
Planning costs expense	10,612	
Provision for bad debts	16,388	18,780
Net realized and unrealized gains on investments	(5,029)	(8,498)
Transfer from Children's Hospital and Health Center		(2,000)
Cash received for contributions restricted to property and endowments	(781)	(1,104)
Changes in assets and liabilities:		
Patient accounts receivable	(12,973)	(16,731)
Other accounts receivable	(1,145)	1,968
Inventory	(92)	(903)
Other current assets	(3,934)	(952)
Other long-term assets	288	151
Accounts payable and accrued expenses and payable to beneficiaries	4,439	8,783
Accrued payroll and related benefits	4,843	4,683
Payable to affiliates	12,763	10,742
Deferred revenue	19	(324)
Other long-term liabilities		(4,810)
Net cash provided by operating activities	46,360	31,615
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchases of investments	(48,965)	(40,803)
Proceeds from sales and maturities of investments	5,389	14,649
Acquisition of property and equipment	(24,564)	(7,262)
Increase in assets limited as to use	13,201	(16,238)
Net cash used in investing activities	(54,939)	(49,654)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Cash received for contributions restricted to property and endowments	781	1,104
Cash received through capital lease commitment		18,810
Repayment of long-term debt	(3,711)	(2,840)
Transfer from Children's Hospital and Health Center		2,000
Net cash provided by (used in) financing activities	(2,930)	19,074
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(11,509)	1,035
CASH—Beginning of year	20,298	19,263
CASH—End of year	$ 8,789	$20,298
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION—		
Interest paid during the year	$ 5,350	$ 5,021

See notes to financial statements.

1. ORGANIZATION

Children's Hospital–San Diego ("CHSD"), a not-for-profit, tax-exempt entity that has a sole statutory member, Children's Hospital and Health Center ("CHHC"). CHHC is also the sole statutory member of San Diego Children's Hospital Foundation ("Foundation"), Children's Hospital Research Center ("CHRC") and San Diego Children's Health Services, Inc. ("SDCHS"). By virtue of CHHC being the sole statutory member of these organizations, it has the authority to determine the composition of the boards of directors and trustees of such entities. In addition, CHHC owns two other corporations, Children's Hospital Integrated Risk Protective Limited ("CHIRPL") and Children's Physician Management Services, Inc. ("CPMS").

CHSD is the sole Level I Pediatric Trauma Center in San Diego County. CHSD provides comprehensive inpatient acute and intensive care pediatric services and also provides comprehensive outpatient, home health, long-term convalescent hospital, and child protection and developmental services.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates—The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Inventory—Inventory is carried at the lower of cost or market value, determined using the first-in, first-out method.

Property and Equipment—Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method with lives ranging from 3 to 40 years.

Net Assets—Temporarily restricted net assets are those whose use by CHSD has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. Unrestricted net assets include amounts for program support, debt service and other purposes.

Excess of Revenues Over Expenses—The statement of operations includes excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Charity Care—CHSD provides service without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policy. Because CHSD does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as revenue. Revenues foregone based on established rates totaled approximately $2,574 and $1,972 in fiscal 2005 and 2004, respectively.

Donor-Restricted Gifts—Unconditional promises to give cash and other assets to CHSD are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received or the promise becomes unconditional. Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that specify the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions.

Income Tax Status—CHSD has received determination letters indicating that CHSD is exempt from federal and state income taxes pursuant to Section 501(c)(3) of the Internal Revenue Code.

Reclassifications—Certain 2004 amounts have been reclassified to conform to the 2005 financial statement presentation.

3. DISCONTINUED OPERATIONS, RESTRUCTURING COSTS AND PLANNING COSTS

In the years ended June 30, 2005 and 2004, CHSD ceased certain operations at certain satellite locations. In accordance with Statement of Financial Accounting Standards No. 144, *Accounting for the Impairment or Disposal of Long-Lived Assets*, results of operations for these satellite locations are presented as discontinued operations in the accompanying consolidated statements of operations.

In the year ended June 30, 2004, CHSD incurred costs associated with the early termination of certain lease agreements. These costs are reported in the consolidated financial statements as restructuring costs in the amount of $1,118.

In the year ended June 30, 2005, CHHC charged to expense certain costs capitalized in prior years in connection with planning certain facility construction and renovations that will not be completed and for which alternative facility projects are currently planned. These costs are reported in the consolidated financial statements as planning costs in the amount of $10,612.

4. REVENUE

Net Patient Service Revenue—CHSD grants credit without collateral to its patients, most of whom are covered under third-party payor agreements. Gross patient revenue is recorded on the basis of usual and customary charges. Contractual allowances reflect the difference between gross patient revenue and payment amounts agreed to with third-party payors or stipulated by government payors. The following summary presents gross patient service charges by major payor classifications and contractual allowances recorded to arrive at net patient service revenue for the years ended June 30, 2005 and 2004:

	2005	2004
Gross patient service charges:		
MediCal/California Children's Services	$356,514	$296,712
HMOs and PPOs	254,855	233,264
TRICARE	27,854	21,603
Other	29,117	33,076
	668,340	584,655
Contractual allowances	(423,386)	(351,969)
Net patient service revenue	$244,954	$232,686

CHSD has agreements with third-party payors that provide for payments to CHSD at amounts different from its established charges. Payment arrangements include per diem payments, per discharge payments, reimbursed costs and discounted charges. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated settlements under reimbursement agreements with third-party payors. Settlements are accrued on an estimated basis in the period in which the related services are rendered and adjusted in future periods as final settlements are determined.

CHSD has contracted with the State of California (the "State") to provide acute hospital inpatient services to MediCal beneficiaries at a negotiated rate per day. Either party may cancel this contract with 120 days written notice. Outpatient services to MediCal beneficiaries are reimbursed according to a State fee schedule. Convalescent hospital services are reimbursed by MediCal based on prior years' costs, which are subject to audit by the State and subject to a cap.

All applicable MediCal program cost reports for hospital services have been audited by the fiscal intermediary through 2002. In 2004, the State agreed to forgive a prior year settlement amount of $4,810, which is included in net patient revenue in the 2004 consolidated statement of operations.

Premium Revenue—CHSD has agreements with several health maintenance organizations to provide pediatric healthcare services to enrollees. Under certain of these agreements, CHSD has negotiated monthly capitation payments based on the number of enrollees, regardless of services actually performed by CHSD. CHSD accrues the estimated cost of medical expenses provided to participants under these agreements for services rendered by providers other than CHSD.

Grants and Contracts—Advances received under various research grants and contracts are recorded as deferred revenue until the related research costs are incurred. CHSD receives reimbursement for indirect costs on certain research grants and contracts based on a rate applied to direct costs. Direct and indirect costs reimbursed by United States government agencies are subject to audit by such agencies.

Other Government Revenue—CHSD qualifies for and receives funding from the State of California as a disproportionate share hospital (Senate Bill 855) for MediCal. CHSD also receives from the State of California supplemental funding for emergency services and patient care (Senate Bill 1255), and Presley funds for the reimbursement of certain capital project financing costs. In addition, CHSD participates in the Federal Graduate Medical Education program, which provides funds to freestanding children's hospitals to support the training of pediatric and other residents.

Other government revenue includes the following:

	2005	2004
SB 1255-Hospital supplemental payment program	$17,900	$15,000
SB 855-Disproportionate Share Hospital (DSH) program	6,102	6,115
Presley funds	1,921	3,047
Federal Graduate Medical Education	3,851	2,816
Other	477	1,054
Total other government revenue	$30,251	$28,032

5. INVESTMENTS

Investments in equity securities and debt securities are carried at fair value based on quoted market prices. Investments in real property are carried at fair value at date of donation. Investments at June 30, 2005 and 2004, are summarized as follows:

	2005	2004
UNRESTRICTED FUNDS:		
Cash and certificates of deposit	$ 8,563	$ 7,870
Common and preferred stocks	89,623	58,387
Government securities	27,891	26,119
Corporate bonds	20,350	9,566
Real property and other	4,539	756
Accrued interest	515	297
Total	$ 151,481	$ 102,995
ASSETS LIMITED AS TO USE (Note 6):		
Cash and certificates of deposit	$ 8,381	$ 22,500
Common and preferred stocks	3,333	2,436
Government securities	7,446	7,452
Corporate bonds	1,755	1,724
Accrued interest	28	32
Total	$ 20,943	$ 34,144
LONG-TERM INVESTMENTS:		
Donor restricted—Temporary and Permanent:		
Cash and certificates of deposit	$ 574	$ 474
Common and preferred stocks	6,214	5,758
Government securities	1,301	933
Corporate bonds	1,323	817
Real property and other	237	1,548
Total	$ 9,649	$ 9,530

Investment income for the years ended June 30, 2005 and 2004, is comprised of the following:

	2005	2004
UNRESTRICTED:		
Interest and dividends	$3,061	$1,544
Net gain on investments	4,676	7,480
	$7,737	$9,024
RESTRICTED:		
Interest and dividends	$ 102	$ 70
Net gain on investments	353	1,018
	$ 455	$1,088

6. ASSETS LIMITED AS TO USE

Assets limited as to use at June 30, 2005 and 2004, are summarized as follows :

	2005	2004
Under indenture agreement—held by trustee (Note 8)	$13,552	$13,456
Under capital lease agreement—held by trustee (Note 8)	1,851	15,520
Executive compensation—held by trustee (Note10)	5,540	5,168
Total assets limited as to use	$20,943	$34,144

7. PROPERTY AND EQUIPMENT—NET

Property and equipment as of June 30, 2005 and 2004, is summarized as follows :

	2005	2004
Buildings and improvements	$ 155,646	$ 135,929
Equipment	81,100	76,124
	236,746	212,053
Less accumulated depreciation	(130,266)	(118,118)
	106,480	93,935
Land	9,520	9,520
Construction in progress	7,566	18,425
Property and equipment—net	$ 123,566	$ 121,880

8. LONG-TERM DEBT

Long-term debt at June 30, 2005 and 2004, is summarized as follows:

	2005	2004
5.00% to 6.00% serial and term California Health Facilities Financing Authority Insured Hospital Revenue Bonds, Series 1996, collateralized by gross revenues, annual principal payments ranging from $2,695 to $6,270 with accrued interest paid semiannually	$69,805	$ 72,500
5.20% to 5.75% serial and term California Health Facilities Financing Authority Insured Hospital Revenue Bonds, Series 1993, collateralized by gross revenues, annual principal payments ranging from $315 to $900 with accrued interest paid semiannually	10,860	11,175
4.72% capital lease for central power plant, annual principal payments ranging from $1,519 to $2,214 with accrued interest paid monthly	18,160	18,810
Other capital leases		52
	98,825	102,537
Less:		
Discount—net of accumulated amortization	(667)	(695)
Current portion	(4,699)	(3,711)
Long-term	$93,459	$ 98,131

Based on the borrowing rates currently available to CHSD for financing with similar terms and average maturities, the fair value of long-term debt was $101,725 and $105,952 at June 30, 2005 and 2004, respectively.

Scheduled repayment of principal is as follows:

Fiscal Years Ending June 30	
2006	$ 4,699
2007	4,972
2008	5,244
2009	5,499
2010	5,789
Thereafter	72,622
Total	$98,825

Under the terms of the bond indentures, CHSD has deposited with a trustee principal and interest reserve funds that are reflected in the accompanying financial statements as assets limited as to use (see Note 6). CHSD is also subject to certain debt covenants under the indenture, including restrictions on additional indebtedness. At June 30, 2004 and 2005, CHSD was in compliance with all covenants.

9. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes:

	2005	2004
Health care services and education	$ 9,846	$ 8,701
Capital projects	6,308	5,802
Temporarily restricted endowment	2,500	2,500
Total	$ 18,654	$ 17,003

Temporarily restricted net assets were released from restrictions for the following purposes:

	2005	2004
Health care services and education	$3,241	$3,408
Capital projects	179	855
Purpose restrictions removed by donors		194
Total	$3,420	$4,457

Permanently restricted net assets of $5,843 and $5,762 at June 30, 2005 and 2004, respectively, represent investments to be held in perpetuity. The income from such net assets is restricted for the care of indigent patients or to support health care services.

10. EMPLOYEE BENEFIT PLANS

Defined Benefit Plan—CHSD has a noncontributory defined benefit pension plan covering substantially all employees. A participating employee's annual post-retirement pension benefit is based on average compensation, years of service and Social Security benefits. CHSD's funding policy is to contribute annually at least the required minimum amount as actuarially determined. CHSD uses a June 30 measurement date for its defined benefit plan.

The funded status and prepaid pension costs at June 30, 2005 and 2004, are as follows:

	2005	2004
Projected benefit obligation	$(71,420)	$(57,275)
Plan assets	56,028	47,016
Deficiency of plan assets over projected benefit obligation	$(15,392)	$(10,259)
Prepaid pension cost	$ 4,041	$ 539
Accumulated benefit obligation	$(49,680)	$(40,691)

The plan's activity for the years ended June 30, 2005 and 2004, included the following:

	2005	2004
Net periodic pension cost	$ 4,498	$ 6,048
Employer contributions	8,000	3,874
Benefits paid	2,153	2,057

The plan's assumptions used to determine benefit obligations at June 30, 2005 and 2004, were as follows:

	2005	2004
Discount rate	5.25 %	6.25 %
Rate of compensation increase	5.00	5.00

The plan's assumptions used to determine net periodic pension cost for the years ended June 30 were as follows:

	2005	2004
Discount rate	6.25 %	5.75 %
Expected long-term return on plan assets	7.00	7.00
Rate of compensation increase	5.00	5.00

The plan's expected future benefit payments at June 30, 2005 were as follows:

Fiscal Years Ending June 30	
2006	$ 1,746,766
2007	1,908,761
2008	2,127,132
2009	2,526,450
2010	2,499,418
2011–2015	19,800,847

The basis used to determine the plan's overall expected long-term rate of return on assets has been the historical results of a balanced portfolio. The plan's investment strategy has been to diversify its portfolio between equity, debt and money market investments and to have its assets managed by third-party professionals. The plan's assets by category are as follows as of June 30:

	2005	2004
Equity securities	61 %	57 %
Debt securities	36	31
Money market	3	12
	100 %	100 %

CHSD anticipates making a $1,000 contribution to the plan in the year ending June 30, 2006.

Deferred Compensation and Savings Plans—CHSD has a deferred compensation plan established for senior management. CHSD also has a voluntary savings plan for selected management employees whereby CHSD matches a certain percentage of the employees' savings. At June 30, 2005 and 2004, a liability related to these plans of $3,715 and $3,406, respectively, is included in accrued payroll and related benefits. Included in assets limited as to use at June 30, 2005 and 2004 are $5,540 and $5,168, respectively, of investments which have been placed in a trust to fund this liability (see Note 6). During the years ended June 30, 2005 and 2004, CHSD made contributions of $792 and $730, respectively.

Children's Retirement Savings Plan—CHSD has a voluntary savings plan for all employees whereby CHSD contributes from $0.25 to $0.65, based upon years of service, for each $1.00 contributed by employees, up to 8.0% of each employee's salary. At June 30, 2005 and 2004, CHSD's expense related to the match was $1,803 and $1,428, respectively.

11. FUNCTIONAL EXPENSES

CHSD has summarized unrestricted operating expenses into two main categories: health care services and general and administrative. Health care services include all expenses in departments that generate patient revenue. All other costs are considered general and administrative. The functional grouping of expenses for the years ended June 30, 2005 and 2004, is as follows:

	2005	2004
Health care services	$228,631	$212,349
General and administrative	110,054	104,930
Total	$338,685	$317,279

12. RELATED PARTY TRANSACTIONS

A member of the Board of Trustees of CHSD is an executive at a financial institution where CHSD maintains the assets of the general business accounts and several restricted trusts. Until, May 2004, the institution also maintained the assets of the retirement plan.

Insurance expense under the malpractice insurance policy with Children's Hospital Insurance Limited ("CHIL") was $599 and $2,770 in 2005 and 2004, respectively.

13. COMMITMENTS AND CONTINGENCIES

Malpractice Coverage—CHSD retained the first $1,500 of liability per claim ("retention") in both 2005 and 2004 for general and hospital professional liability, which is indemnified by CHIL. CHSD's retention for 2005 and 2004 was limited by an annual policy-year aggregate of $6,000 for general and hospital professional liability. CHSD purchases insurance for losses in excess of the CHSD retention on a per claim and aggregate basis. The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Legal—CHSD is a party to certain legal actions arising in the ordinary course of business. In the opinion of management, liability, if any, arising from such actions will not have a material adverse effect on CHSD's financial position or results of operations.

The health care industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations can be subject to government review and interpretations, as well as regulatory actions unknown and unasserted at this time. In recent years, government activity has increased with respect to investigations and allegations concerning possible violations of regulations by health care providers that could result in the imposition of significant fines and penalties as well as significant repayment of previously billed and collected revenues for patient services.

Leases—CHSD leases real property and equipment under noncancelable operating leases expiring at various dates through December 2011. Minimum future rental payments required by these leases are as follows:

Fiscal Year Ending June 30	
2006	$ 5,625
2007	4,548
2008	3,650
2009	3,262
2010	3,040
Thereafter	3,458
Total	$23,583

CHSD's leases generally include annual escalation clauses and renewal options at the end of the lease term. Rental expense was $6,480 and $6,537 for the years ended June 30, 2005 and 2004, respectively.

* * * * * *

Children's Hospital – San Diego

Financial Statements as of and for the Years Ended June 30, 2003 and 2002 and Independent Auditors' Report

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INDEPENDENT AUDITORS' REPORT

Children's Hospital – San Diego

We have audited the accompanying balance sheets of Children's Hospital – San Diego (the "Hospital") as of June 30, 2003 and 2002 and the related statements of operations, changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the management of the Hospital. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Children's Hospital – San Diego as of June 30, 2003 and 2002 and the results of its operations, changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

As discussed in Note 1 to the financial statements, the Hospital changed its method of estimating the liabilities associated with workers' compensation, medical malpractice and employment practice insurance in 2003.

Deloitte & Touche LLP

November 11, 2003

CHILDREN'S HOSPITAL – SAN DIEGO

BALANCE SHEETS
JUNE 30, 2003 AND 2002
(Dollars in thousands)

ASSETS	2003	2002
CURRENT ASSETS:		
Cash	$ 19,263	$ 18,739
Investments	69,231	78,831
Patient accounts receivable—net of allowance for doubtful accounts of $25,781 and $17,379 at June 30, 2003 and 2002, respectively	48,647	51,144
Other receivables	11,036	14,922
Assets limited as to use—required for current liabilities	5,202	5,115
Inventory	3,336	3,929
Receivable from affiliates	6,738	10,773
Other current assets	2,697	2,222
Total current assets	166,150	185,675
Assets limited as to use	17,906	16,912
Less assets required for current liabilities	(5,202)	(5,115)
	12,704	11,797
Long-term investments	8,642	8,732
Property and equipment—net	127,377	125,313
Other long-term assets	1,543	1,240
TOTAL	$ 316,416	$ 332,757
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Current portion of long-term debt	$ 3,361	$ 3,565
Accounts payable and accrued expenses	21,125	20,017
Accrued payroll and related benefits	20,305	24,920
Deferred revenue	738	741
Total current liabilities	45,529	49,243
Long-term debt	83,001	86,338
Other long-term liabilities	4,810	4,810
Total liabilities	133,340	140,391
COMMITMENTS AND CONTINGENCIES		
NET ASSETS:		
Unrestricted:		
General	129,512	140,317
Board-designated	32,693	32,137
Total	162,205	172,454
Temporarily restricted	15,140	14,305
Permanently restricted	5,731	5,607
Total net assets	183,076	192,366
TOTAL	$ 316,416	$ 332,757

See notes to financial statements.

CHILDREN'S HOSPITAL – SAN DIEGO

STATEMENTS OF OPERATIONS
YEARS ENDED JUNE 30, 2003 AND 2002
(Dollars in thousands)

	2003	2002
UNRESTRICTED REVENUES, GAINS AND OTHER SUPPORT:		
Net patient service revenue	$235,086	$205,779
Premium revenue	24,201	20,915
Grants and contracts	14,189	15,973
Other government revenue	5,967	9,434
Net assets released from restrictions used for operations	2,683	7,645
Other	15,061	16,633
Total	297,187	276,379
EXPENSES:		
Salaries and wages	109,510	112,156
Employee benefits	39,847	34,588
Supplies	41,820	46,928
Purchased services	35,166	32,469
Professional fees	23,399	21,703
Depreciation and amortization	10,276	11,158
Interest	4,876	4,999
Insurance	10,205	5,277
Provision for bad debts	19,658	12,246
Other	13,891	13,979
Total	308,648	295,503
LOSS FROM OPERATIONS	(11,461)	(19,124)
OTHER INCOME (LOSS)—Investment income (loss)	703	(6,739)
DEFICIENCY OF REVENUES OVER EXPENSES	(10,758)	(25,863)
NET ASSETS RELEASED FROM RESTRICTIONS USED FOR PURCHASE OF PROPERTY AND EQUIPMENT	595	166
TRANSFER FROM CHILDREN'S HOSPITAL AND HEALTH CENTER	932	1,034
DECREASE IN UNRESTRICTED NET ASSETS BEFORE CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE	(9,231)	(24,663)
CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE	(1,018)	-
DECREASE IN UNRESTRICTED NET ASSETS	$ (10,249)	$ (24,663)

See notes to financial statements.

CHILDREN'S HOSPITAL – SAN DIEGO

STATEMENTS OF CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2003 AND 2002
(Dollars in thousands)

	2003	2002
DECREASE IN UNRESTRICTED NET ASSETS	$ (10,249)	$ (24,663)
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	4,049	6,643
Investment income (loss)	70	(506)
Change in value of split-interest agreements	(6)	(5)
Net assets released from restrictions	(3,278)	(7,811)
Increase (decrease) in temporarily restricted net assets	835	(1,679)
INCREASE IN PERMANENTLY RESTRICTED NET ASSETS—Contributions	124	58
DECREASE IN NET ASSETS	(9,290)	(26,284)
NET ASSETS, BEGINNING OF YEAR	192,366	218,650
NET ASSETS, END OF YEAR	$ 183,076	$ 192,366

See notes to financial statements.

CHILDREN'S HOSPITAL – SAN DIEGO

STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2003 AND 2002
(Dollars in thousands)

	2003	2002
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	$ (9,290)	$ (26,284)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	10,276	11,158
Provision for bad debts	19,658	12,246
Net realized and unrealized losses on investments	1,466	10,567
Transfer from Children's Hospital and Health Center	(932)	(1,034)
Cash received for contributions restricted to property and endowments	(418)	(1,082)
Changes in assets and liabilities:		
Patient accounts receivable	(17,161)	(11,980)
Other receivables	3,886	(5,943)
Inventory	593	1,614
Receivable from affiliates	4,035	4,876
Other current assets	(475)	(924)
Other long-term assets	(303)	111
Accounts payable and accrued expenses	1,108	3,252
Accrued payroll and related benefits	(4,615)	2,857
Deferred revenue	(3)	361
Other long-term liabilities	-	(540)
Net cash provided by operating activities	7,825	(745)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchases of investments	(51,901)	(125,032)
Proceeds from sales and maturities of investments	60,125	170,328
Acquisition of property	(12,340)	(19,685)
Decrease in assets limited as to use	(994)	(6,830)
Net cash (used in) provided by investing activities	(5,110)	18,781
CASH FLOWS FROM FINANCING ACTIVITIES:		
Cash received for contributions restricted to property and endowments	418	1,082
Transfer from Children's Hospital and Health Center	932	1,034
Repayment of long-term debt—net	(3,541)	(3,352)
Net cash used in financing activities	(2,191)	(1,236)
NET INCREASE IN CASH	524	16,800
CASH, BEGINNING OF YEAR	18,739	1,939
CASH, END OF YEAR	$ 19,263	$ 18,739
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION:		
Interest paid during the year	$ 4,955	$ 5,074
Noncash transaction—acquisition of equipment under capital lease	$ -	$ 2,113

See notes to financial statements.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General—Children's Hospital – San Diego ("CHSD") has a sole statutory member, Children's Hospital and Health Center (the "Center"). The Center is also the sole statutory member of San Diego Children's Hospital Foundation (the "Foundation"), Children's Hospital Research Center ("CHRC") and San Diego Children's Health Services, Inc. ("SDCHS"). By virtue of the Center's being the sole statutory member of these organizations, it has the authority to determine the composition of the boards of directors and trustees of such entities. In addition, the Center owns two other corporations, Children's Hospital Integrated Risk Protective Limited ("CHIRPL") and Children's Physician Management Services ("CPMS").

CHSD provides comprehensive inpatient and outpatient pediatric services, including acute and intensive-care beds; home health; a long-term care convalescent hospital; the Chadwick Center; outpatient psychiatry; and speech, hearing and neurosensory services.

Change in Accounting Principle—The liabilities associated with workers' compensation, medical malpractice and employment practice insurance are determined based on actuarial analyses and estimates. At June 30, 2003, the liabilities were based on the estimated undiscounted outstanding losses as of that date. These liabilities had previously been determined based on estimated discounted outstanding losses. Management determined in 2003 that it is more preferable to value the liabilities based on the undiscounted method. The net effect of the change at July 1, 2002 was a decrease in unrestricted net assets of $1,018, which is included in the statement of operations as a cumulative effect of a change in accounting principle. The effect of this change to the 2003 statement of operations was to increase the loss from operations and decrease unrestricted net assets by $794.

Use of Estimates—The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Inventory—Inventory is carried at the lower of cost (first-in, first-out) or net realizable value.

Property and Equipment—Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method with lives ranging from 3 to 40 years.

Net Assets—Temporarily restricted net assets are those whose use by CHSD has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by CHSD in perpetuity. Unrestricted net assets include board-designated amounts for program endowments, debt service and other purposes.

Grants and Contracts—Advances received under the various research grants and contracts are recorded as deferred revenue until the related research costs are incurred. CHSD receives reimbursement for indirect costs on certain research grants and contracts based on a rate applied to direct costs. Direct and indirect costs reimbursed by United States government agencies are subject to audit by such agencies.

Premium Revenue—CHSD has agreements with a non-affiliated health care provider and several health maintenance organizations to provide pediatric hospital services to subscribing participants. Under these agreements, CHSD receives monthly capitation payments based on the number of covered participants, regardless of services actually performed by CHSD. CHSD also accrues estimated medical expenses for participants under these agreements who receive medical services from a provider other than CHSD.

Other Government Revenue—Other government revenue includes the following:

	2003	2002
Presley funds—reimbursement of certain capital project financing costs pursuant to legislation passed by the State of California	$2,688	$3,230
Graduate Medical Education:		
State of California (Note 2)	-	2,500
Federal	2,387	2,469
Other	892	1,235
Total other government revenue	$5,967	$9,434

Charity Care—CHSD provides service without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policy. Because CHSD does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as revenue. Revenues foregone based on established rates totaled approximately $2,129 and $2,500 in fiscal 2003 and 2002, respectively.

Donor-Restricted Gifts—Unconditional promises to give cash and other assets to CHSD are reported as pledges receivable at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received or the promise becomes unconditional. Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions.

Malpractice Coverage—CHSD retained the first $1,000 and $200 of liability per claim ("retention") in 2003 and 2002, respectively, for general and hospital professional liability, which is indemnified by CHIRPL's wholly owned offshore captive insurance subsidiary, Children's Hospital Insurance Limited. CHSD's retention for 2003 was limited by an annual policy-year aggregate of $1,000 and $4,000, respectively, for general and hospital professional liability. CHSD's annual policy-year retention limit for 2002 for general and hospital professional liability was a combined $1,250. CHSD purchases excess insurance in substantial amounts for losses in excess of the CHSD retention on a per claim and aggregate basis. The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Income Tax Status—CHSD has received determination letters indicating that CHSD is exempt from federal and state income taxes pursuant to Section 501(c)(3) of the Internal Revenue Code.

Reclassifications—Certain 2002 amounts have been reclassified to conform to the 2003 financial statement presentation.

2. NET PATIENT SERVICE REVENUE

CHSD has agreements with third-party payors that provide for payments to CHSD at amounts different from its established rates. Payment arrangements include reimbursed costs, discounted charges, case rates, prospectively determined rates per discharge and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

CHSD has contracted with the State of California (the "State") to provide acute hospital inpatient services to MediCal beneficiaries at a negotiated rate per day. Either party may cancel this contract with 120 days written notice. Prior to this contract, MediCal reimbursement was based upon allowable costs reported to, and subject to audit by, the State, with a per discharge limit. Outpatient services to MediCal beneficiaries are reimbursed according to a State fee schedule and are not subject to retroactive adjustments. The convalescent hospital is reimbursed by MediCal based on prior years' costs, which are subject to audit by the State, and subject to a cap.

All applicable MediCal program cost reports for hospital services have been audited by the fiscal intermediary through 2001, and management believes the estimated third-party payor liability settlements of $4,810, included in other long-term liabilities, as of June 30, 2003 are adequate. The State has agreed to forgive the settlement amount upon CHSD's construction of a new convalescent hospital.

CHSD received $5,025 in 2003 and $5,565 in 2002 from the State as additional reimbursement in recognition of the disproportionate number of MediCal beneficiaries who were provided health care services; such amounts were recorded as adjustments to contractual allowances. In addition, CHSD received $10,500 in 2003 and $8,000 in 2002 from the State for emergency services and supplemental payments for patient care (Senate Bill 1255), which were recorded as adjustments to contractual allowances. Beginning in 2003, payments under Senate Bill 1255 include amounts previously paid under the State of California Graduate Medical Education program included in other government revenue (see Note 1).

CHSD has also entered into contractual agreements with certain commercial insurance carriers, health maintenance organizations ("HMOs"), preferred provider organizations ("PPOs") and federal agencies ("CHAMPUS"). The basis for payment to CHSD under these agreements includes per diem rates, per discharge rates, diagnosis-related group rates and discounts from established charges.

CHSD grants credit without collateral to its patients, most of whom are local residents insured under third-party payor agreements. The following summary presents gross patient service charges by major payor classifications and deductions to arrive at net patient service revenue for the years ended June 30:

	2003	2002
Gross patient service charges:		
MediCal/California Children's Services	$ 246,678	$ 198,976
HMOs and PPOs	209,768	208,937
CHAMPUS	23,105	18,557
Other	26,592	27,886
	506,143	454,356
Contractual allowances	(286,582)	(262,142)
Disproportionate share payment	5,025	5,565
California Senate Bill 1255	10,500	8,000
Net patient service revenue	$ 235,086	$ 205,779

3. INVESTMENTS

Investments in equity securities and debt securities are carried at fair value based on quoted market prices. Investments in real property are carried at fair value at date of donation. Investments are summarized as follows at June 30:

	2003	2002
UNRESTRICTED FUNDS:		
Cash and certificates of deposit	$ 5,129	$ 5,944
Common and preferred stocks	31,599	46,168
Government securities	22,039	12,047
Corporate bonds	8,109	8,902
Real property and other	2,011	5,486
Accrued interest	344	284
Total	$ 69,231	$ 78,831
ASSETS LIMITED AS TO USE (Note 4):		
Cash and certificates of deposit	$ 13,523	$ 12,904
Common and preferred stocks	1,934	1,822
Government securities	1,427	1,020
Corporate bonds	913	1,132
Real property and other	77	-
Accrued interest	32	34
Total	$ 17,906	$ 16,912
LONG-TERM INVESTMENTS:		
Donor restricted—Temporary and Permanent:		
Cash and certificates of deposit	$ 370	$ 386
Common and preferred stocks	6,138	6,419
Government securities	892	847
Corporate bonds	1,042	677
Real property and other	200	403
Total	$ 8,642	$ 8,732

Investment income is comprised of the following for the years ended June 30:

	2003	2002
UNRESTRICTED:		
Interest and dividends	$ 2,154	$ 3,191
Net losses on investments	(1,451)	(9,930)
	$ 703	$ (6,739)
RESTRICTED:		
Interest and dividends	$ 85	$ 131
Net losses on investments	(15)	(637)
	$ 70	$ (506)

4. ASSETS LIMITED AS TO USE

Assets limited as to use are summarized as follows at June 30:

	2003	2002
Under indenture agreement—held by trustee (Note 6)	$ 13,389	$ 12,684
Executive compensation—held by trustee (Note 8)	4,517	4,228
Total assets limited as to use	$ 17,906	$ 16,912

5. PROPERTY AND EQUIPMENT—NET

Property and equipment are summarized as follows at June 30:

	2003	2002
Buildings and improvements	$ 135,032	$ 134,340
Equipment	78,135	69,149
	213,167	203,489
Less accumulated depreciation	(110,718)	(103,229)
	102,449	100,260
Land	9,520	9,520
Construction in progress	15,408	15,533
Property and equipment—net	$ 127,377	$ 125,313

6. LONG-TERM DEBT

Long-term debt is summarized as follows at June 30:

	2003	2002
4.30% to 6.00% serial and term California Health Facilities Financing Authority Insured Hospital Revenue Bonds, Series 1996, collateralized by gross revenues, annual principal payments ranging from $270 to $6,270 with accrued interest paid semiannually	$ 75,040	$ 77,430
4.60% to 5.75% serial and term California Health Facilities Financing Authority Insured Hospital Revenue Bonds, Series 1993, collateralized by gross revenues, annual principal payments ranging from $260 to $900 with accrued interest paid semiannually	11,475	11,760
Capital leases	543	1,384
	87,058	90,574
Less:		
Discount—net of accumulated amortization	(696)	(671)
Current portion	(3,361)	(3,565)
Long-term	$ 83,001	$ 86,338

Based on the borrowing rates currently available to CHSD for financing with similar terms and average maturities, the fair value of long-term debt was approximately $94,287 and $95,564 at June 30, 2003 and 2002, respectively.

Scheduled repayment of principal is as follows:

Fiscal Year Ending June 30	
2004	$ 3,361
2005	3,032
2006	3,180
2007	3,380
2008	3,575
Thereafter	70,530
Total	$ 87,058

Under the terms of the bond indentures, CHSD has deposited with a trustee principal and interest reserve funds and funds to be disbursed for their intended purposes. These funds are reflected in the accompanying financial statements as assets limited as to use (see Note 4). CHSD is also subject to certain debt covenants under the indenture, including restrictions on additional indebtedness. At June 30, 2003, CHSD was not in compliance with the covenant requiring a minimum debt service coverage ratio of 1.0. In November 2003, CHSD received a waiver from the bond insurer for the minimum debt service coverage ratio as of June 30, 2003.

7. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes:

	2003	2002
Health care services and education	$ 7,144	$ 7,229
Capital projects	5,496	4,576
Temporarily restricted endowment	2,500	2,500
Total	$ 15,140	$ 14,305

Temporarily restricted net assets were released from restrictions for the following purposes:

	2003	2002
Health care services and education	$ 2,683	$ 4,066
Capital projects	595	166
Purpose restrictions removed by donors	-	3,579
Total	$ 3,278	$ 7,811

Permanently restricted net assets of $5,731 and $5,607 at June 30, 2003 and 2002, respectively, represent investments to be held in perpetuity. The income from such net assets is restricted for use in specific departments of CHSD or to support health care services.

8. EMPLOYEE BENEFIT PLANS

Defined Benefit Plan—CHSD has a non-contributory defined benefit pension plan covering substantially all employees. A participating employee's annual post-retirement pension benefit is based on average compensation, years of service, and Social Security benefits. CHSD's funding policy is to contribute annually at least the required minimum amount as actuarially determined.

The funded status and prepaid pension cost are as follows at June 30:

	2003	2002
Projected benefit obligation	$ (58,484)	$ (39,466)
Plan assets	39,095	27,056
Deficiency of plan assets over projected benefit obligation	$ (19,389)	$ (12,410)
Accrued pension prepaid (liability)	$ 2,713	$ (5,082)

The plan's activity includes the following for the years ended June 30:

	2003	2002
Net periodic pension cost	$ 4,847	$ 3,325
Employer contributions	$ 12,643	$ 2,100
Benefits paid	$ 1,891	$ 1,389

The development of the projected benefit obligation for 2003 and 2002 was based upon discount rates of 5.75% and 7.0%, respectively; average rates of increase in employee compensation of 5%; and expected long-term rates of return on assets of 7.0% and 8.5%, respectively. Plan assets are invested primarily in insurance contracts, stocks, bonds, short-term securities and cash equivalents.

Deferred Compensation and Savings Plans—CHSD has a deferred compensation plan established for senior management. CHSD also has a voluntary savings plan for selected management employees whereby CHSD matches a certain percentage of the employees' savings. At June 30, 2003 and 2002, a liability related to these plans of $3,210 and $3,112, respectively, is included in accrued payroll and related benefits. Included in assets limited as to use at June 30, 2003 and 2002 are $4,517 and $4,228, respectively, of investments, which have been placed in a trust to fund this liability (see Note 4). During the years ended June 30, 2003 and 2002, CHSD made contributions of $735 and $743, respectively.

Children's Retirement Savings Plan—Effective January 1, 2001, CHSD has a voluntary savings plan for all employees whereby CHSD will contribute from $.25 to $.65, based on years of service, for each $1.00 contributed by employees, up to 8% of each employee's salary. At June 30, 2003 and 2002, CHSD's liability related to the match was $722 and $737, respectively, and is included in accrued payroll and related benefits in the accompanying financial statements.

9. FUNCTIONAL EXPENSES

CHSD has summarized unrestricted operating expenses into two main categories: Health Care Services and General and Administrative ("G&A"). Health Care Services encompasses all types of expenses in the cost centers that generate direct patient charges. All other costs are grouped into the broad category of G&A. The functional grouping of expenses is as follows for the years ended June 30:

	2003	2002
Health care services	$ 193,550	$ 188,091
General and administrative	115,098	107,412
Total	$ 308,648	$ 295,503

10. RELATED PARTY TRANSACTIONS

A member of the Board of Trustees of CHSD and of the Center and the Center's Executive Committee is an executive at a financial institution for which CHSD maintains the assets of the retirement plan, several restricted trusts and the general business accounts. The fair value of these assets at June 30, 2003 and 2002 was $63,056 and $50,287, respectively.

Insurance expense under the malpractice insurance policy with Children's Hospital Insurance Limited was $2,257 and $1,628 in 2003 and 2002, respectively.

CHSD sold $366 and $1,140 in vaccines to CPMS during the years ended June 30, 2003 and 2002, respectively.

11. COMMITMENTS AND CONTINGENCIES

Legal—CHSD is a party to certain legal actions arising in the ordinary course of business. In the opinion of management, liability, if any, arising from such actions will not have a material adverse effect on CHSD's financial position or results of operations.

The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations can be subject to government review and interpretations, as well as regulatory actions unknown and unasserted at this time. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of regulations by healthcare providers that could result in the imposition of significant fines and penalties, as well as significant repayment of previously billed and collected revenues for patient services.

Leases—CHSD leases real property and equipment under noncancelable operating leases expiring at various dates through December 2011. Minimum future rental payments required by these leases are as follows:

Fiscal Year Ending June 30	
2004	$ 5,690
2005	5,390
2006	4,529
2007	3,152
2008	2,400
Thereafter	6,478
Total	$27,639

CHSD's leases generally include annual escalation clauses and renewal options at the end of the lease term. Rental expense was $6,476 and $6,230 for the years ended June 30, 2003 and 2002, respectively.

12. AFFILIATION AGREEMENT WITH UNIVERSITY

On June 21, 2001, the Center, CHSD and the Regents of the University of California signed an agreement to transition to CHSD, effective August 1, 2001, the pediatric clinical, teaching, research and public service programs of the University of California, San Diego ("UCSD"). Under the terms of the agreement, CHSD paid $2,000 to UCSD on August 1, 2001 and $1,500 in February 2003 for assistance in the transition of the UCSD pediatric services to CHSD. The Center is also required to provide funding for training, academic support and program development for UCSD Department of Pediatrics, as these functions had historically been funded from hospital revenue from services UCSD transitioned to CHSD. The Center's funding for these purposes has included (1) $50 per month, beginning August 1, 2002, in direct support, (2) a portion of CHSD's Graduate Medical Education funding, determined by the proportion of UCSD pediatric residents at CHSD to total residents at CHSD, and (3) 1% of CHSD's net patient service revenue. In addition, UCSD and the Center have agreed to cooperate in the construction of a research building, over a multi-year timeline to be determined, for which the Center is required to make a $5,000 contribution.

Upon closing of the agreement on August 1, 2001, the bylaws of CHSD were amended to provide that 5 of the 15 board members are nominated by UCSD.

The agreement may be terminated due to a material breach in the contract terms or may be terminated without cause by either party with five years' notice. If the Center initiates a termination without cause, it is required to pay $5,000 to UCSD for certain transitional expenses.

* * * * * *

Children's Hospital – San Diego

Financial Statements as of and for the Years Ended June 30, 2003 and 2002 and Independent Auditors' Report

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INDEPENDENT AUDITORS' REPORT

Children's Hospital – San Diego

We have audited the accompanying balance sheets of Children's Hospital – San Diego (the "Hospital") as of June 30, 2003 and 2002 and the related statements of operations, changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the management of the Hospital. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Children's Hospital – San Diego as of June 30, 2003 and 2002 and the results of its operations, changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

As discussed in Note 1 to the financial statements, the Hospital changed its method of estimating the liabilities associated with workers' compensation, medical malpractice and employment practice insurance in 2003.

Deloitte & Touche LLP

November 11, 2003

CHILDREN'S HOSPITAL – SAN DIEGO

BALANCE SHEETS
JUNE 30, 2003 AND 2002
(Dollars in thousands)

ASSETS	2003	2002
CURRENT ASSETS:		
Cash	$ 19,263	$ 18,739
Investments	69,231	78,831
Patient accounts receivable—net of allowance for doubtful accounts of $25,781 and $17,379 at June 30, 2003 and 2002, respectively	48,647	51,144
Other receivables	11,036	14,922
Assets limited as to use—required for current liabilities	5,202	5,115
Inventory	3,336	3,929
Receivable from affiliates	6,738	10,773
Other current assets	2,697	2,222
Total current assets	166,150	185,675
Assets limited as to use	17,906	16,912
Less assets required for current liabilities	(5,202)	(5,115)
	12,704	11,797
Long-term investments	8,642	8,732
Property and equipment—net	127,377	125,313
Other long-term assets	1,543	1,240
TOTAL	$ 316,416	$ 332,757
LIABILITIES AND NET ASSETS		
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Accounts payable and accrued expenses	21,125	20,017
Accrued payroll and related benefits	20,305	24,920
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Total liabilities	133,340	140,391
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NET ASSETS:		
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General	129,512	140,317
Board-designated	32,693	32,137
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Temporarily restricted	15,140	14,305
Permanently restricted	5,731	5,607
Total net assets	183,076	192,366
TOTAL	$ 316,416	$ 332,757

See notes to financial statements.

CHILDREN'S HOSPITAL – SAN DIEGO

STATEMENTS OF OPERATIONS
YEARS ENDED JUNE 30, 2003 AND 2002
(Dollars in thousands)

	2003	2002
UNRESTRICTED REVENUES, GAINS AND OTHER SUPPORT:		
Net patient service revenue	$235,086	$205,779
Premium revenue	24,201	20,915
Grants and contracts	14,189	15,973
Other government revenue	5,967	9,434
Net assets released from restrictions used for operations	2,683	7,645
Other	15,061	16,633
Total	297,187	276,379
EXPENSES:		
Salaries and wages	109,510	112,156
Employee benefits	39,847	34,588
Supplies	41,820	46,928
Purchased services	35,166	32,469
Professional fees	23,399	21,703
Depreciation and amortization	10,276	11,158
Interest	4,876	4,999
Insurance	10,205	5,277
Provision for bad debts	19,658	12,246
Other	13,891	13,979
Total	308,648	295,503
LOSS FROM OPERATIONS	(11,461)	(19,124)
OTHER INCOME (LOSS)—Investment income (loss)	703	(6,739)
DEFICIENCY OF REVENUES OVER EXPENSES	(10,758)	(25,863)
NET ASSETS RELEASED FROM RESTRICTIONS USED FOR PURCHASE OF PROPERTY AND EQUIPMENT	595	166
TRANSFER FROM CHILDREN'S HOSPITAL AND HEALTH CENTER	932	1,034
DECREASE IN UNRESTRICTED NET ASSETS BEFORE CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE	(9,231)	(24,663)
CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE	(1,018)	-
DECREASE IN UNRESTRICTED NET ASSETS	$ (10,249)	$ (24,663)

See notes to financial statements.

CHILDREN'S HOSPITAL – SAN DIEGO

STATEMENTS OF CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2003 AND 2002
(Dollars in thousands)

	2003	2002
DECREASE IN UNRESTRICTED NET ASSETS	$ (10,249)	$ (24,663)
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	4,049	6,643
Investment income (loss)	70	(506)
Change in value of split-interest agreements	(6)	(5)
Net assets released from restrictions	(3,278)	(7,811)
Increase (decrease) in temporarily restricted net assets	835	(1,679)
INCREASE IN PERMANENTLY RESTRICTED NET ASSETS—Contributions	124	58
DECREASE IN NET ASSETS	(9,290)	(26,284)
NET ASSETS, BEGINNING OF YEAR	192,366	218,650
NET ASSETS, END OF YEAR	$ 183,076	$ 192,366

See notes to financial statements.

CHILDREN'S HOSPITAL – SAN DIEGO

STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2003 AND 2002
(Dollars in thousands)

	2003	2002
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	$ (9,290)	$ (26,284)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	10,276	11,158
Provision for bad debts	19,658	12,246
Net realized and unrealized losses on investments	1,466	10,567
Transfer from Children's Hospital and Health Center	(932)	(1,034)
Cash received for contributions restricted to property and endowments	(418)	(1,082)
Changes in assets and liabilities:		
Patient accounts receivable	(17,161)	(11,980)
Other receivables	3,886	(5,943)
Inventory	593	1,614
Receivable from affiliates	4,035	4,876
Other current assets	(475)	(924)
Other long-term assets	(303)	111
Accounts payable and accrued expenses	1,108	3,252
Accrued payroll and related benefits	(4,615)	2,857
Deferred revenue	(3)	361
Other long-term liabilities	-	(540)
Net cash provided by operating activities	7,825	(745)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchases of investments	(51,901)	(125,032)
Proceeds from sales and maturities of investments	60,125	170,328
Acquisition of property	(12,340)	(19,685)
Decrease in assets limited as to use	(994)	(6,830)
Net cash (used in) provided by investing activities	(5,110)	18,781
CASH FLOWS FROM FINANCING ACTIVITIES:		
Cash received for contributions restricted to property and endowments	418	1,082
Transfer from Children's Hospital and Health Center	932	1,034
Repayment of long-term debt—net	(3,541)	(3,352)
Net cash used in financing activities	(2,191)	(1,236)
NET INCREASE IN CASH	524	16,800
CASH, BEGINNING OF YEAR	18,739	1,939
CASH, END OF YEAR	$ 19,263	$ 18,739
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION:		
Interest paid during the year	$ 4,955	$ 5,074
Noncash transaction—acquisition of equipment under capital lease	$ -	$ 2,113

See notes to financial statements.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General—Children's Hospital – San Diego ("CHSD") has a sole statutory member, Children's Hospital and Health Center (the "Center"). The Center is also the sole statutory member of San Diego Children's Hospital Foundation (the "Foundation"), Children's Hospital Research Center ("CHRC") and San Diego Children's Health Services, Inc. ("SDCHS"). By virtue of the Center's being the sole statutory member of these organizations, it has the authority to determine the composition of the boards of directors and trustees of such entities. In addition, the Center owns two other corporations, Children's Hospital Integrated Risk Protective Limited ("CHIRPL") and Children's Physician Management Services ("CPMS").

CHSD provides comprehensive inpatient and outpatient pediatric services, including acute and intensive-care beds; home health; a long-term care convalescent hospital; the Chadwick Center; outpatient psychiatry; and speech, hearing and neurosensory services.

Change in Accounting Principle—The liabilities associated with workers' compensation, medical malpractice and employment practice insurance are determined based on actuarial analyses and estimates. At June 30, 2003, the liabilities were based on the estimated undiscounted outstanding losses as of that date. These liabilities had previously been determined based on estimated discounted outstanding losses. Management determined in 2003 that it is more preferable to value the liabilities based on the undiscounted method. The net effect of the change at July 1, 2002 was a decrease in unrestricted net assets of $1,018, which is included in the statement of operations as a cumulative effect of a change in accounting principle. The effect of this change to the 2003 statement of operations was to increase the loss from operations and decrease unrestricted net assets by $794.

Use of Estimates—The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Inventory—Inventory is carried at the lower of cost (first-in, first-out) or net realizable value.

Property and Equipment—Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method with lives ranging from 3 to 40 years.

Net Assets—Temporarily restricted net assets are those whose use by CHSD has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by CHSD in perpetuity. Unrestricted net assets include board-designated amounts for program endowments, debt service and other purposes.

Grants and Contracts—Advances received under the various research grants and contracts are recorded as deferred revenue until the related research costs are incurred. CHSD receives reimbursement for indirect costs on certain research grants and contracts based on a rate applied to direct costs. Direct and indirect costs reimbursed by United States government agencies are subject to audit by such agencies.

Premium Revenue—CHSD has agreements with a non-affiliated health care provider and several health maintenance organizations to provide pediatric hospital services to subscribing participants. Under these agreements, CHSD receives monthly capitation payments based on the number of covered participants, regardless of services actually performed by CHSD. CHSD also accrues estimated medical expenses for participants under these agreements who receive medical services from a provider other than CHSD.

Other Government Revenue—Other government revenue includes the following:

	2003	2002
Presley funds—reimbursement of certain capital project financing costs pursuant to legislation passed by the State of California	$2,688	$3,230
Graduate Medical Education:		
State of California (Note 2)	-	2,500
Federal	2,387	2,469
Other	892	1,235
Total other government revenue	$5,967	$9,434

Charity Care—CHSD provides service without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policy. Because CHSD does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as revenue. Revenues foregone based on established rates totaled approximately $2,129 and $2,500 in fiscal 2003 and 2002, respectively.

Donor-Restricted Gifts—Unconditional promises to give cash and other assets to CHSD are reported as pledges receivable at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received or the promise becomes unconditional. Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions.

Malpractice Coverage—CHSD retained the first $1,000 and $200 of liability per claim ("retention") in 2003 and 2002, respectively, for general and hospital professional liability, which is indemnified by CHIRPL's wholly owned offshore captive insurance subsidiary, Children's Hospital Insurance Limited. CHSD's retention for 2003 was limited by an annual policy-year aggregate of $1,000 and $4,000, respectively, for general and hospital professional liability. CHSD's annual policy-year retention limit for 2002 for general and hospital professional liability was a combined $1,250. CHSD purchases excess insurance in substantial amounts for losses in excess of the CHSD retention on a per claim and aggregate basis. The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Income Tax Status—CHSD has received determination letters indicating that CHSD is exempt from federal and state income taxes pursuant to Section 501(c)(3) of the Internal Revenue Code.

Reclassifications—Certain 2002 amounts have been reclassified to conform to the 2003 financial statement presentation.

2. NET PATIENT SERVICE REVENUE

CHSD has agreements with third-party payors that provide for payments to CHSD at amounts different from its established rates. Payment arrangements include reimbursed costs, discounted charges, case rates, prospectively determined rates per discharge and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

CHSD has contracted with the State of California (the "State") to provide acute hospital inpatient services to MediCal beneficiaries at a negotiated rate per day. Either party may cancel this contract with 120 days written notice. Prior to this contract, MediCal reimbursement was based upon allowable costs reported to, and subject to audit by, the State, with a per discharge limit. Outpatient services to MediCal beneficiaries are reimbursed according to a State fee schedule and are not subject to retroactive adjustments. The convalescent hospital is reimbursed by MediCal based on prior years' costs, which are subject to audit by the State, and subject to a cap.

All applicable MediCal program cost reports for hospital services have been audited by the fiscal intermediary through 2001, and management believes the estimated third-party payor liability settlements of $4,810, included in other long-term liabilities, as of June 30, 2003 are adequate. The State has agreed to forgive the settlement amount upon CHSD's construction of a new convalescent hospital.

CHSD received $5,025 in 2003 and $5,565 in 2002 from the State as additional reimbursement in recognition of the disproportionate number of MediCal beneficiaries who were provided health care services; such amounts were recorded as adjustments to contractual allowances. In addition, CHSD received $10,500 in 2003 and $8,000 in 2002 from the State for emergency services and supplemental payments for patient care (Senate Bill 1255), which were recorded as adjustments to contractual allowances. Beginning in 2003, payments under Senate Bill 1255 include amounts previously paid under the State of California Graduate Medical Education program included in other government revenue (see Note 1).

CHSD has also entered into contractual agreements with certain commercial insurance carriers, health maintenance organizations ("HMOs"), preferred provider organizations ("PPOs") and federal agencies ("CHAMPUS"). The basis for payment to CHSD under these agreements includes per diem rates, per discharge rates, diagnosis-related group rates and discounts from established charges.

CHSD grants credit without collateral to its patients, most of whom are local residents insured under third-party payor agreements. The following summary presents gross patient service charges by major payor classifications and deductions to arrive at net patient service revenue for the years ended June 30:

	2003	2002
Gross patient service charges:		
MediCal/California Children's Services	$ 246,678	$ 198,976
HMOs and PPOs	209,768	208,937
CHAMPUS	23,105	18,557
Other	26,592	27,886
	506,143	454,356
Contractual allowances	(286,582)	(262,142)
Disproportionate share payment	5,025	5,565
California Senate Bill 1255	10,500	8,000
Net patient service revenue	$ 235,086	$ 205,779

3. INVESTMENTS

Investments in equity securities and debt securities are carried at fair value based on quoted market prices. Investments in real property are carried at fair value at date of donation. Investments are summarized as follows at June 30:

	2003	2002
UNRESTRICTED FUNDS:		
Cash and certificates of deposit	$ 5,129	$ 5,944
Common and preferred stocks	31,599	46,168
Government securities	22,039	12,047
Corporate bonds	8,109	8,902
Real property and other	2,011	5,486
Accrued interest	344	284
Total	$ 69,231	$ 78,831
ASSETS LIMITED AS TO USE (Note 4):		
Cash and certificates of deposit	$ 13,523	$ 12,904
Common and preferred stocks	1,934	1,822
Government securities	1,427	1,020
Corporate bonds	913	1,132
Real property and other	77	-
Accrued interest	32	34
Total	$ 17,906	$ 16,912
LONG-TERM INVESTMENTS:		
Donor restricted—Temporary and Permanent:		
Cash and certificates of deposit	$ 370	$ 386
Common and preferred stocks	6,138	6,419
Government securities	892	847
Corporate bonds	1,042	677
Real property and other	200	403
Total	$ 8,642	$ 8,732

Investment income is comprised of the following for the years ended June 30:

	2003	2002
UNRESTRICTED:		
Interest and dividends	$ 2,154	$ 3,191
Net losses on investments	(1,451)	(9,930)
	$ 703	$ (6,739)
RESTRICTED:		
Interest and dividends	$ 85	$ 131
Net losses on investments	(15)	(637)
	$ 70	$ (506)

4. ASSETS LIMITED AS TO USE

Assets limited as to use are summarized as follows at June 30:

	2003	2002
Under indenture agreement—held by trustee (Note 6)	$ 13,389	$ 12,684
Executive compensation—held by trustee (Note 8)	4,517	4,228
Total assets limited as to use	$ 17,906	$ 16,912

5. PROPERTY AND EQUIPMENT—NET

Property and equipment are summarized as follows at June 30:

	2003	2002
Buildings and improvements	$ 135,032	$ 134,340
Equipment	78,135	69,149
	213,167	203,489
Less accumulated depreciation	(110,718)	(103,229)
	102,449	100,260
Land	9,520	9,520
Construction in progress	15,408	15,533
Property and equipment—net	$ 127,377	$ 125,313

6. LONG-TERM DEBT

Long-term debt is summarized as follows at June 30:

	2003	2002
4.30% to 6.00% serial and term California Health Facilities Financing Authority Insured Hospital Revenue Bonds, Series 1996, collateralized by gross revenues, annual principal payments ranging from $270 to $6,270 with accrued interest paid semiannually	$ 75,040	$ 77,430
4.60% to 5.75% serial and term California Health Facilities Financing Authority Insured Hospital Revenue Bonds, Series 1993, collateralized by gross revenues, annual principal payments ranging from $260 to $900 with accrued interest paid semiannually	11,475	11,760
Capital leases	543	1,384
	87,058	90,574
Less:		
Discount—net of accumulated amortization	(696)	(671)
Current portion	(3,361)	(3,565)
Long-term	$ 83,001	$ 86,338

Based on the borrowing rates currently available to CHSD for financing with similar terms and average maturities, the fair value of long-term debt was approximately $94,287 and $95,564 at June 30, 2003 and 2002, respectively.

Scheduled repayment of principal is as follows:

Fiscal Year Ending June 30	
2004	$ 3,361
2005	3,032
2006	3,180
2007	3,380
2008	3,575
Thereafter	70,530
Total	$ 87,058

Under the terms of the bond indentures, CHSD has deposited with a trustee principal and interest reserve funds and funds to be disbursed for their intended purposes. These funds are reflected in the accompanying financial statements as assets limited as to use (see Note 4). CHSD is also subject to certain debt covenants under the indenture, including restrictions on additional indebtedness. At June 30, 2003, CHSD was not in compliance with the covenant requiring a minimum debt service coverage ratio of 1.0. In November 2003, CHSD received a waiver from the bond insurer for the minimum debt service coverage ratio as of June 30, 2003.

7. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes:

	2003	2002
Health care services and education	$ 7,144	$ 7,229
Capital projects	5,496	4,576
Temporarily restricted endowment	2,500	2,500
Total	$15,140	$14,305

Temporarily restricted net assets were released from restrictions for the following purposes:

	2003	2002
Health care services and education	$2,683	$4,066
Capital projects	595	166
Purpose restrictions removed by donors	-	3,579
Total	$3,278	$7,811

Permanently restricted net assets of $5,731 and $5,607 at June 30, 2003 and 2002, respectively, represent investments to be held in perpetuity. The income from such net assets is restricted for use in specific departments of CHSD or to support health care services.

8. EMPLOYEE BENEFIT PLANS

Defined Benefit Plan—CHSD has a non-contributory defined benefit pension plan covering substantially all employees. A participating employee's annual post-retirement pension benefit is based on average compensation, years of service, and Social Security benefits. CHSD's funding policy is to contribute annually at least the required minimum amount as actuarially determined.

The funded status and prepaid pension cost are as follows at June 30:

	2003	2002
Projected benefit obligation	$ (58,484)	$ (39,466)
Plan assets	39,095	27,056
Deficiency of plan assets over projected benefit obligation	$ (19,389)	$ (12,410)
Accrued pension prepaid (liability)	$ 2,713	$ (5,082)

The plan's activity includes the following for the years ended June 30:

	2003	2002
Net periodic pension cost	$ 4,847	$3,325
Employer contributions	$ 12,643	$2,100
Benefits paid	$ 1,891	$1,389

The development of the projected benefit obligation for 2003 and 2002 was based upon discount rates of 5.75% and 7.0%, respectively; average rates of increase in employee compensation of 5%; and expected long-term rates of return on assets of 7.0% and 8.5%, respectively. Plan assets are invested primarily in insurance contracts, stocks, bonds, short-term securities and cash equivalents.

Deferred Compensation and Savings Plans—CHSD has a deferred compensation plan established for senior management. CHSD also has a voluntary savings plan for selected management employees whereby CHSD matches a certain percentage of the employees' savings. At June 30, 2003 and 2002, a liability related to these plans of $3,210 and $3,112, respectively, is included in accrued payroll and related benefits. Included in assets limited as to use at June 30, 2003 and 2002 are $4,517 and $4,228, respectively, of investments, which have been placed in a trust to fund this liability (see Note 4). During the years ended June 30, 2003 and 2002, CHSD made contributions of $735 and $743, respectively.

Children's Retirement Savings Plan—Effective January 1, 2001, CHSD has a voluntary savings plan for all employees whereby CHSD will contribute from $.25 to $.65, based on years of service, for each $1.00 contributed by employees, up to 8% of each employee's salary. At June 30, 2003 and 2002, CHSD's liability related to the match was $722 and $737, respectively, and is included in accrued payroll and related benefits in the accompanying financial statements.

9. FUNCTIONAL EXPENSES

CHSD has summarized unrestricted operating expenses into two main categories: Health Care Services and General and Administrative ("G&A"). Health Care Services encompasses all types of expenses in the cost centers that generate direct patient charges. All other costs are grouped into the broad category of G&A. The functional grouping of expenses is as follows for the years ended June 30:

	2003	2002
Health care services	$ 193,550	$ 188,091
General and administrative	115,098	107,412
Total	$ 308,648	$ 295,503

10. RELATED PARTY TRANSACTIONS

A member of the Board of Trustees of CHSD and of the Center and the Center's Executive Committee is an executive at a financial institution for which CHSD maintains the assets of the retirement plan, several restricted trusts and the general business accounts. The fair value of these assets at June 30, 2003 and 2002 was $63,056 and $50,287, respectively.

Insurance expense under the malpractice insurance policy with Children's Hospital Insurance Limited was $2,257 and $1,628 in 2003 and 2002, respectively.

CHSD sold $366 and $1,140 in vaccines to CPMS during the years ended June 30, 2003 and 2002, respectively.

11. COMMITMENTS AND CONTINGENCIES

Legal—CHSD is a party to certain legal actions arising in the ordinary course of business. In the opinion of management, liability, if any, arising from such actions will not have a material adverse effect on CHSD's financial position or results of operations.

The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations can be subject to government review and interpretations, as well as regulatory actions unknown and unasserted at this time. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of regulations by healthcare providers that could result in the imposition of significant fines and penalties, as well as significant repayment of previously billed and collected revenues for patient services.

Leases—CHSD leases real property and equipment under noncancelable operating leases expiring at various dates through December 2011. Minimum future rental payments required by these leases are as follows:

Fiscal Year Ending June 30	
2004	$ 5,690
2005	5,390
2006	4,529
2007	3,152
2008	2,400
Thereafter	6,478
Total	$27,639

CHSD's leases generally include annual escalation clauses and renewal options at the end of the lease term. Rental expense was $6,476 and $6,230 for the years ended June 30, 2003 and 2002, respectively.

12. AFFILIATION AGREEMENT WITH UNIVERSITY

On June 21, 2001, the Center, CHSD and the Regents of the University of California signed an agreement to transition to CHSD, effective August 1, 2001, the pediatric clinical, teaching, research and public service programs of the University of California, San Diego ("UCSD"). Under the terms of the agreement, CHSD paid $2,000 to UCSD on August 1, 2001 and $1,500 in February 2003 for assistance in the transition of the UCSD pediatric services to CHSD. The Center is also required to provide funding for training, academic support and program development for UCSD Department of Pediatrics, as these functions had historically been funded from hospital revenue from services UCSD transitioned to CHSD. The Center's funding for these purposes has included (1) $50 per month, beginning August 1, 2002, in direct support, (2) a portion of CHSD's Graduate Medical Education funding, determined by the proportion of UCSD pediatric residents at CHSD to total residents at CHSD, and (3) 1% of CHSD's net patient service revenue. In addition, UCSD and the Center have agreed to cooperate in the construction of a research building, over a multi-year timeline to be determined, for which the Center is required to make a $5,000 contribution.

Upon closing of the agreement on August 1, 2001, the bylaws of CHSD were amended to provide that 5 of the 15 board members are nominated by UCSD.

The agreement may be terminated due to a material breach in the contract terms or may be terminated without cause by either party with five years' notice. If the Center initiates a termination without cause, it is required to pay $5,000 to UCSD for certain transitional expenses.

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October 7, 2003

The Audit Committee
Children's Hospital and Health Center
San Diego, California

Dear Members of the Audit Committee:

In planning and performing our audit of the consolidated financial statements of Children's Hospital and Health Center (the "Center" or "CHHC") for the year ended June 30, 2003 (on which we have issued our report dated November 11, 2003), we developed recommendations concerning certain matters related to the Center's internal control and certain observations and recommendations on other accounting, administrative and operating matters. Our comments are presented in Exhibit I.

Additionally, we previously reported to you in our letter dated October 28, 2002 reportable conditions in the Revenue Business Cycles. Reportable conditions involve matters coming to our attention relating to significant deficiencies in the design or operation of the Center's internal control that, in our judgment, could adversely affect the Center's ability to record, process, summarize and report financial data consistent with the assertions of management in the financial statements. We believe that the Center has made progress towards eliminating this significant deficiency during the year ended June 30, 2003. However, we also believe that significant deficiencies still remain and therefore consider the Revenue Business Cycle to remain a reportable condition for the year ended June 30, 2003.

This report is intended solely for the information and use of the Audit Committee, management and others within the organization and is not intended to be and should not be used by anyone other than these specified parties.

Yours truly,

Deloitte & Touche LLP

A. Adequate Staffing

Observation: There are no onsite Information Services ("IS") personnel during the evening hours or weekends to provide adequate system support to the user community or in the event of system failure.

Background: Children's Hospital and Health Center ("CHHC") provides patient care 24 hours a day, seven days a week, with offsite patient care facilities in addition to the main campus. Though CHHC has on-call analysts and documented system and data recovery plans, it appears to lack sufficient IS resources to manage the data center during the evenings and weekends.

Without sufficient IS staff available during non-business hours, the risk to provide adequate support in the case of system downtime or application errors increases. Should the Meditech system go down, patient information could not be accessed and financial reporting would require manual processing, increasing the risk that patient billing may not be recorded accurately.

Recommendation: We recommend that management evaluate the staffing needs within CHHC's IS department and assess whether hiring additional IS staff is necessary. Adjusting the schedules of IS personnel to include weekend and evening coverage maybe a possible solution.

Management Response: Management agrees that it is necessary to provide adequate IS support to the organization at all times. IS has had in place for nine months an on-call support team that has, to date, been able to handle all issues and emergencies that arise 24/7. Management will continue to monitor the situation closely. Although budgetary constraints prevent increasing staffing levels, Management will evaluate the impact of scheduling changes to increase the hours of on-site coverage.

B. Information Security (revised and carried-forward from prior year)

Observation: Windows NT ("NT") authentication parameters should be strengthened.

Background: During our audit, we noted the following password configurations for NT:

- Minimum password length – 3 characters
- Lockout duration – none

Information security is a key component in health care regulatory compliance. Formal security baseline configurations help to ensure the consistent application of company policy, adequate safeguarding of CHHC's information assets, patient confidentiality and confidentiality of protected health care information.

Weak password settings increase the likelihood that CHHC systems maybe compromised by intruders. Shorter passwords are more easily guessed and the lack of an account lockout for unsuccessful attempts makes it easier for unauthorized users to guess the password of an authorized user and thereby access the system. Confidential hospital and patient information may then be accessed, modified and exploited.

Recommendation:

Password settings for NT should be as follows:

- Minimum password length of six (6) or more characters
- Account lockout after three (3) unsuccessful logins

In addition, security baseline configurations should be documented and communicated to the appropriate system administrators. Management should consider standardizing their security policies across all platforms and applications (if applicable).

***Management Response*:** Management agrees with the recommendations of minimum password length of six characters and account lock-out after three unsuccessful attempts. This will be in effect throughout the network by January 2004.

C. Systems Auditing (revised and carried-forward from prior year)

Observation: Security audit events/logs for NT are not reviewed.

Background: The extent of monitoring currently performed at CHHC is limited to system maintenance-related functions (e.g., checking disk space) and updating of antivirus definition files. NT auditing has also been activated to capture success and failure of security events. However, review of security violations on all devices does not occur on a regular basis.

HIPAA security compliance requires the auditing and monitoring of system activity. As such, prevention and early detection of violations are critical to safeguarding the availability and integrity of system resources. If security violations are not monitored on a regular basis and system activity is not audited, over time, unauthorized users may access and modify data within the system without detection.

Recommendation: We recommend that the IS department review the security audit files on a more periodic basis, rather than when suspicious activity is thought to occur. As part of HIPAA compliance, CHHC should be monitoring security events as a preventative measure to help ensure that:

- Access to functions, data, and programs is restricted to authorized individuals and is consistent with documented expectations; and
- Significant activities, deviations, and exceptions are recorded, reviewed, investigated, and resolved.

Management Response: Management agrees with these recommendations. As one component of the HIPAA compliance program, a Security workgroup with broad representation from throughout the organization is addressing the following aspects of information systems security:

- Certification
- Chain of Trust Partnership Agreement
- Contingency Plan
- Formal Mechanism for Processing Records
- Information Access Control
- Internal Audit
- Personnel Security
- Security Configuration Management
- Security Incident Procedures
- Security Management Process
- Termination Procedures
- Training.

Effective October 2003, Information Services will review audit logs proactively on a monthly basis.

D. Meditech Menu/Access Management (revised and carried-forward from 2001)

Observation: CHHC has implemented new standards for Meditech access to financial and clinical information, based on Job Role Based Menu Access and need to know. However, access restriction still needs to be performed for Order Entry, Admissions, Payroll and data dictionaries. In addition, periodic review to ensure system access is appropriate does not occur.

Background: The Meditech system undergoes regular updates, including changes in the underlying business processes that it supports. Business process changes and Meditech system updates may render access to a particular task irrelevant for specific users. The menus granted to each user define access to different functionalities in the Meditech system.

Periodic review of system access privileges reduces the exposure of unauthorized access to data or use of system resources. Management must ensure that segregation of duties exist to ensure confidentiality of protected health information and integrity of financial data. To be HIPAA compliant, it is incumbent upon management to create an atmosphere throughout the organization that places the protection of information at the forefront.

Recommendation: We recommend that management continue with the Job Role Based Menu Access project and implement annual reviews of the roles and functionalities required for each user on the Meditech system. Documentation should be created for tasks, menu functionalities for each role, and any changes to Meditech's configuration. Senior personnel should monitor access privileges to the Meditech system based on access rules agreed upon by application owners. Inappropriate access rights should be revoked after consultation with the Meditech system owner.

Management Response: Information Systems is in the process of developing and implementing new standards for Meditech access to financial and clinical information, based on job descriptions and need to know. At present, new standards have been implemented in Patient Financial Services, Accounting and Information Systems. The process is continuing throughout the organization and is expected to be completed by July 2004 for all applications and all areas. Information Systems is performing the following tasks for each application:

- Identify Application Menu Access
- Develop Application Menus
- Develop Application/Routine Access (By Job Description /Need to Know)
- Approval of Menus/Access /Verb Strips/Option Sets (By Job Description/Need to know)
- Communication/Education re: Application Access Changes
- Implementation of Changes in LIVE Environment

Management agrees that an annual review of the roles and functionalities required for each user should be conducted. Changes to the Meditech configuration will be documented as part of newly established change management practice. Information Services senior personnel will periodically review access privileges, consult with system owners and revoke inappropriate access rights.

E. Security of Manually Distributed Payroll Checks

Observation: Manual Payroll checks were observed as unsecured and in an unlocked area. We also observed that a log is not kept of distribution/receipt of checks.

Background: Team Leaders in each department receive manual paychecks for those personnel who do not have direct deposit. These checks are kept in the Team Leaders' offices prior to distribution. Checks were noted as unsecured within the office, and the door to the office was observed as unlocked.

Employees within the department may assess their paycheck independently and freely from the Team Leader's office. The employee obtains the stack of checks from the Team Leader's desk, retrieves his/her own check, and then returns the remaining checks.

Recommendation: All payroll checks must be kept in a secured location in order to prevent fraud. We advise that they be locked in a desk drawer at all times.

At the time of distribution, each employee must be accompanied by the Team Leader, and receive the check directly from the Leader. The Team Leader should also maintain a log of each check that is distributed, and the receiving employee must sign upon receipt. This will help assure that checks are received by the appropriate employee, and reduce potential fraud.

Management Response: Management agrees with the assessment and need for change in the process.

Payroll checks will be distributed in the current manner to departments on Fridays. Team leaders and Directors will maintain the checks in their departments in a locked desk drawer. Employees picking up checks will sign for their checks.

All checks that have not been picked up by 3:00 p.m. on Fridays of payroll weeks will be delivered to the switchboard with a copy of the log.

Employees will pick up checks at the switchboard until 9:00 a.m. on Mondays. The switchboard will be required to keep the checks in a locked drawer. Employees will be required to show a photo ID and sign for their checks when picking them up at the switchboard.

On Monday mornings at 9:00 a.m., the checks will be taken to the mailroom to be mailed to the employees' homes. The logs will be forwarded to payroll.

F. Patient Revenue - Charity Discounts/Write-Offs

Observation: The cashier's office does not maintain authorizations for the charity discounts/write-offs for more than six months. These authorizations forms are destroyed by the department six months after the claim has been denied.

Background: Authorization and review processes helps to ensure that claims are properly being written-off. Adequate record keeping and documentation of the write-offs assist in timely completion of the audit.

Recommendation: Maintain the written approval forms and the related support until the annual audit has been conducted.

Management Response: Management agrees with the observation regarding maintaining authorizations for accounts assigned to bad debt.

Effective October 1, 2003, these authorizations are being maintained on file for eighteen months.

Deloitte

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November 21, 2005

The Audit Committee
Children's Hospital and Health Center
3020 Children's Way
San Diego, CA 92123

Dear Members of the Audit Committee:

In planning and performing our audit of the financial statements of Children's Hospital and Health Center for the year ended June 30, 2005 (on which we have issued our report dated October 12, 2005), we developed the following recommendations concerning certain matters related to the Company's internal control and certain observations and recommendations on other accounting, administrative, and operating matters. Our comments are presented in Exhibit I.

This report is intended solely for the information and use of the audit committee, management, and others within the organization and is not intended to be and should not be used by anyone other than these specified parties.

We will be pleased to discuss these comments with you and, if desired, to assist you in implementing any of the suggestions.

Yours truly,

Deloitte & Touche LLP

Account Analysis

Comment: Analyses of certain general ledger balances are not always performed in a timely manner. As a result there have been a number of adjustments to the year end financial statements subsequent to the year end close. Account analyses would and should include: analytical review of the recorded balance, preparation of detailed supporting schedules, and/or reconciliations to supporting subsidiary ledgers. Account analyses allow for timely identification of potentially misstated account balances and also assist in the identification of potential problems. Additionally, timely analysis of financial statement accounts will streamline the year-end audit process.

Suggested Action: CHHC should establish formal policies and procedures requiring responsible personnel to analyze significant general ledger accounts at each month-end including preparing a monthly closing procedures checklist by general ledger account with all necessary responsibilities assigned to appropriate personnel. Such policies and procedures should include performing rollforwards of balances, indicating beginning balances, transaction detail for the period, and ending balances. Additionally, reconciliations of all subsidiary ledgers to the general ledger should be performed. Finally, high-level reviews of balances should be performed by knowledgeable individuals to determine the reasonableness of such balances.

Management Response: Management agrees with the recommendation to modify the current monthly closing process to include updated written procedures along with assigned responsibilities. Analytical reviews of significant account balances will be performed monthly and other selected balances will be reviewed on a regular basis. Documentation of the reconciliations of subsidiary ledgers to the general ledger will be maintained.

Analysis of Account Fluctuations

Comment: Management does not have formal processes to identify, monitor, or assess fluctuations in certain account balances. Accounting personnel record entries in their areas of responsibility, but formal reviews of account balances for reasonableness are not performed on a regular basis for certain accounts. Periodic analytical reviews, similar to those currently being performed on patient accounts receivable, would provide additional assurance regarding the accuracy of reported balances, completeness of revenue recognition, validity of expenses and proper cut-off, and security of CHHC's assets.

Suggested Action: CHHC should develop a formal process for identifying, monitoring, assessing, and documenting account fluctuations, perform a formal overall analytical review monthly to identify unusual and/or unexpected fluctuations or the lack of expected fluctuations, and document and perform this analytical review and management's review on a timely basis.

Management Response: The current process of monitoring, assessing, and documentation of account fluctuations or lack thereof will be enhanced to include a more organized and consistent approach. In addition, it should be noted that CHHC does have existing mechanisms to review budget and other variances.

Accounting Department Effectiveness

Comment: CHHC experienced an extended vacancy in the Controller position and other key staff positions before and during the audit. The Accounting Manager who reports to the Controller position needed to spend much of her time performing routine accounting functions and closely supervising her subordinates who in many instances are new and need more experience. The Accounting Department leadership worked very hard to maintain financial systems and prepare financial statements in accordance with Generally Accepted Accounting Principles ("GAAP"). However, the aforementioned resource constraints placed limitations on their ability to ensure that all areas of the financial statements were reviewed for consistency with GAAP. In addition, monthly and year-end closing procedures should be evaluated to ensure they are performed in an accurate and timely manner.

Suggested Action: In order for the accounting department to function more effectively, CHHC should evaluate personnel and responsibilities within the accounting department and the flow of paperwork to better utilize their personnel. In connection with this evaluation, CHHC should consider the creation of an accounting policies and procedures manual. A comprehensive accounting policies and procedures manual should be a readily assessable reference to accounting personnel to ensure that accounting policies and procedures, as well as all related authoritative accounting guidance (i.e. GAAP), are known and followed. Such a manual would also benefit CHHC during turnover of key accounting individuals. With thoroughly documented policies and procedures, the learning period of new employees is reduced and management may have increased assurance that accounting policies and procedures are consistently followed during the transition period.

Management Response: After a lengthy search, CHHC hired a Controller with over twenty years of healthcare financial experience, including nine years at the controller level. He began his CHHC employment on November 1, 2005. Management believes he will provide the leadership needed to focus on process improvements and optimize staffing effectiveness. Management agrees with the suggestion to update accounting policies and procedures and formalize them in a manual. This process is currently in the initial planning stages. Creating and following a comprehensive set of accounting policies and procedure will help ensure that transactions are recorded in accordance with GAAP. It will also increase the consistency, accuracy, and timeliness of the monthly and year-end closing process.

8. Start-up Budget

County of San Diego – Health and Human Services Agency
Mental Health Services
Contract Budget Summary

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry
Program Name: North Coastal Walk-in Clinic Start-Up Project
Contract Number: 43207
Amendment Number:
Provider Number:
For the Period From: July 1, 2006 To: June 30, 2007
For the Period From: To:

	Cost Center	A	B	C	D	E	F	Program Cost Page 2 Subtotal	Total Program Cost
1	CCTC, Frontline or N/A	Walk-in clinic							
2	Adult/Child	C&A							
3	Service Function	Start-up							
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)	14,412							14,412
6	Operating Expenses (Schedule I)	4,909							4,909
7	Fixed Assets (Schedule II)	27,890							27,890
8	Gross Cost (Lines 5+6+7)	$47,211							$47,211
9	Indirect Cost (Schedule III)								
10	Adjusted Gross Cost (Lines 8+9)	$47,211							$47,211
11	Total Units of Service								
12	Cost Per Unit of Service								
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service								
16	Contract Cost per Unit of Service								
17	Total Billing Units (M/C & Non-M/C)								
18	Contract Cost per Billing Unit								
19	Contract Gross Costs	$47,211							$47,211
	Less Contract Revenues:								
	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**	$47,211							$47,211
29	Total SD/MC Billing Units								
30	Medi-Cal Gross								

Prepared By: Barent P. Mynderse, Director
Name/Title

Date: 5/24/2006

Service Function		
Day/Comm Svcs	**24 Hour**	**Outpatient**
Intensive (Full, 1/2)	Crisis Residential	M.H. Services
Rehabilitation (Full, 1/2)	Adult Residential	Med. Support
Socialization		Crisis Intervention
Community Services		C.M. Brokerage

SD/MC Total Cost	
MAA Medi-Cal	
SAMHSA	
PATH Allocation	
State General Funds	
Other	
Net	$47,211
Contract Maximum	$47,211

County of San Diego - Health and Human Services Agency
Mental Health Services
Contract Budget Summary

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry
Program Name: North Coastal Walk-in Clinic Start-Up Project
Contract Number: 43207
Amendment Number:
Provider Number:
For the Period From: July 1, 2006 To: June 30, 2007
For the Period From: To:

	Cost Center	G	H	I	J	K	L	M	Program Cost Page 2 Subtotal
1	CCTC, Frontline or N/A								
2	Adult/Child								
3	Service Function (per CR/DR)								
4	Full Day, 1/2 day (Day Services Only)								
	Gross Cost:								
5	Salaries and Benefits (Schedule I)								
6	Operating Expenses (Schedule I)								
7	Fixed Assets (Schedule II)								
8	Gross Cost (Lines 5+6+7)								
9	Indirect Cost (Schedule III)								
10	Adjusted Gross Cost (Lines 8+9)								
11	Total Units of Service								
12	Cost Per Unit of Service								
	Less Non-Contract Units and Costs								
13	Non Contract Units of Service								
14	Non Contract Costs								
	Balance								
15	Contract Units of Service								
16	Contract Cost per Units of Service								
17	Total Billing Units (M/C & Non-M/C)								
18	Contract Cost per Billing Unit								
19	Contract Gross Costs								
	Less Contract Revenues:								
	Patient Fees								
21	Other Patient Insurance								
22	Medicare								
23	Other Revenues: (Specify)								
24									
25									
26									
27	Total Contract Revenues								
28	**Contract Maximum (Line 19-26)**								

29	Total SD/MC Billing Units								
30	Medi-Cal Gross								

	*** For Mental Health Services (MHS) units. List budgeted units and billing units by Service Function ***					
	Service Function	Assessment	Collateral	Group	Individual	Total
31	Mental Health Units of Service					
32	Billing Units (M/C & Non-M/C)					

Service Function Index					
Service Function	Units of Service *	Billing Units +	Service Function	Units of Service *	Billing Units +
Outpatient Services	Visit	Minutes	Day Treatment Intensive	Day	Day
Mental Health Services (MHS)	Visit	Minutes	Day Treatment Rehabilitation	Day	Day
Medication Support	Visit	Minutes	Crisis Residential	Day	Day
Crisis Intervention	Visit	Minutes	Adult Residential	Day	Day
Case Management Brokerage	Visit	Minutes			

County of San Diego – Health and Human Services Agency
Mental Health Services
Contract Budget Schedule I – Salaries and Operating Expenses

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number:
Program Name: North Coastal Walk-in Clinic Start-Up Project
Contract Number: 43207 — For the Period From: July 1, 2006 — To: June 30, 2007
Amendment Number: — For the Period From: — To:

	Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Direct	Annualized FTE Prog. Admin.	Number of Months	Direct Services Expense	Program Admin. Expense	Total Salary Expense
1	Program Coordinator	65,000		1.00	0.50		2,708	$2,708
2	PSW I	41,600	0.50		0.50	867		$867
3	PSW II	52,000	1.00		0.50	2,167		$2,167
4	Case Manager	31,200	0.25		0.50	325		$325
5	Administrative Associate	29,120		1.00	0.50		1,213	$1,213
6	Program Coordinator (to train WIC/MAP staff)	81,489		1.00	0.50		3,395	$3,395
7								
8								
9								
10								
11								
12								
	Sub Total FTE and Salaries		1.75	3.00	N/A	$3,358	$7,317	$10,675
							Total Employee Benefits	3,736
							Salaries & Benefits Total	$14,412

	Operating Expenses	Amount
13	Building Rent & Leases	
14	Equipment Rent & Leases	
15	Building Repairs/Maintenance	
16	Equipment Repair/Maintenance	
17	*Leasehold Improvements	2,089
18	Telephone	
19	Utilities	
20	Supplies Minor Equipment	
21	Office Supplies	
22	Pharmaceutical	
23	Medical Supplies	
24	Other Supplies	
25	Printing	
26	Insurance: Professional Liability	
27	Insurance: Other	
28	*Consultants (from Schedule II)	1,500
29	Staff Development/Training	
30	Accounting/Auditing/Legal Fees	
31	Other Business Services	1,320
32	24 Hour Program: Food	
33	24 Hour Program: Personal Needs Items	
34	Laboratory Services	
35	Travel Local	
36	Client Transportation	
37	Dues and Subscriptions	
38	Interest Expense	
39	Tax/License	
40	Other: (list)	
41		
42		
	Operating Expenses Total	$4,909

Gross Cost	Amount
*Total Salary & Benefits	14,412
*Program Operating Expenses	4,909
*Fixed Assets (Schedule II)	27,890
*Indirect Costs (Schedule III)	
Operating Total (Lines 16 + 17 + 18)	$32,799
Program Total (Lines 15 + 19)	$47,211

*** May not be exceeded without prior HHSA approval.**

C ty of San Diego – Health and Human Servic Agency
Mental Health Services
Contract Budget Schedule II – Fixed Assets and Consultants

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number:
Program Name: North Coastal Walk-in Clinic Start-Up Project
Contract Number: 43207 — For the Period From: July 1, 2006 — To: June 30, 2007
Amendment Number: — For the Period From: — To:

Fixed Asset

	Description of Fixed Asset	# of Units		Cost per Unit	Total Cost
1	Gateway E2500 Desktop Computer	6.00		981	5,883
2	Software package: Microsoft Office / Virus protector	6.00		506	3,038
3	HP Laser Jet 435N Printer	1.00		1,707	1,707
4	Datamax "I" Class Direct Label Printer	1.00		1,341	1,341
5	Brothers PPS 1800C Fax Machine	1.00		214	214
6	4 Office Desks, 4 desk chairs, 9 side chairs, 10 waiting room chairs, 3 bookcases,	42.00		all inclusive	4,000
7	2 locking Medical Records cabinets, 5 file cabinets, 4 bulletin boards, 1 end-table.				
8	Telephones	6.00		458	2,748
9	Voice over IT Lines / printer line	7.00		479	3,356
10	IT Switch	1.00		5,388	5,388
11	UPS (Uninterrupted Power Supply)	1.00		216	216
12					
13					
	Total Fixed Assets				$27,890

Consultant Agreements – Direct Services

	Name	Agency	Position Class	Hours		Rate	Amount
14	Psychiatrist TBA	UCSD	Staff Psychiatrist	20		75.00	1,500
15							
17							
18							
19							
20							
21							
22							
23							
24							
	Total Direct Services Consultants						$1,500

Consultant Agreements - Program Management Function

	Name	Agency	Position Class	Hours		Rate	Amount
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
	Total Prog. Mgt. Consultant						

Total Consultant Agreements	$1,500

County of San Diego – Health and Human Services Agency
Mental Health Services
Contract Budget Schedule III – Indirect Costs

Contract Provider: Children's Hospital - San Diego, Outpatient Psychiatry — Provider Number:
gram Name: North Coastal Walk-in Clinic Start-Up Project
ıtract Number: 43207 — For the Period From: July 1, 2006 — To: June 30, 2007
Amendment Number: — For the Period From: — To:

	Administrative Salaries and Benefits Staff Position	Annual Salary per FTE	Annualized FTE Total	% of FTE Allocated To Program	FTE Allocated To Program	Number of Months	Total Salary Expense
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
	Sub Total FTE and Salaries			N/A		N/A	

Total Administrative Benefits	
Total Admin. Salaries & Benefits	
Total Administrative Operating Expenses	
Total Administrative Consultant Services	
Total Indirect Costs	

	Administrative Operating Expenses	Amount	% Allocated to Program	Indirect Cost
13				
14				
15				
16				
17				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
	Admin. Operating Expenses Total		N/A	

	Administrative Consultant Services			
36				
37				
38				
	Admin. Consultant Services Total		N/A	

Indirect Costs Methodology

9. Budget Narrative

Children's Hospital – San Diego
Outpatient Psychiatry
Walk-in Clinic / MAT Start-Up Project
Budget Narrative
5/24/06

I. Overview

Children's Outpatient Psychiatry (CHOP) will implement the North County Walk-in Clinic and Mobile Assessment Team School-based services via a combination of MHSA and EPSDT funding. Existing CHOP offices in North County are at full capacity and, therefore, additional office space and other infrastructure will be required to start this new program. Total budget amount for the Start-up project is $47,211.

II. Salaries and Benefits

$14,412 will be expended to hire, train and prepare a full-time Program Coordinator, 1.0 FTE licensed clinical staff, .5 FTE unlicensed clinical staff, .25 FTE Case Manager, 1 FTE Administrative Associate staff, 2 weeks prior to the start date of the Walk-in Clinic / MAT program. Additionally, current CHOP Program Coordinators are budgeted for a 2-week period to provide full-time training to the newly hired staff prior to program start-up. New staff will be trained in CMHS Outpatient Guidelines, documentation requirements, reporting requirements, cultural competence, SOC Principles and Philosophy, etc. The S & B amount includes $10,675 for salaries and $3,736 for benefits.

III. Operating Expenses

$4,909 will be expended for one-time start-up of Program Operations, as follows:

a. $2,089 will be expended on Leasehold Improvements to Walk-in Clinic / MAT office space to make it suitable for clinical activities.
b. $1,500 will be expended to hire the Staff Psychiatrist consultant prior to the start-up of the program in order for the psychiatrist to train and prepare along with the other program staff.
c. $1,320 will be expended for Other Business services which include the delivery and set up of the office furniture and the installation of the telecommunications systems in the program offices

IV. Fixed Assets

$27,890 will be expended on Fixed Assets, including 6 desktop computers / software, 1 office printer, 1 label printer, 1 Fax machine, office and waiting room furniture, telephones, IT lines, IT Switch, and IT power supply.

V. Indirects

Per County requirements, no Indirects will be included in this Budget.